

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # 857859**1. Entity Name
MULTI-BUILDER ACCEPTANCE CORP.**Principal Place of Business**

730 NW 107 AVE

MIAMI
33172

FL

Mailing Address

700 NW 107TH AVE

4TH FLOOR
MIAMI
33172

FL

2. Principal Place of Business

730 NW 107 AVE

3. Mailing Address

730 NW 107TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
4TH FLOOR

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip
33172Country
USZip
33172Country
US**4. FEI Number****59-2256170**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****MCCAIN DAVID B**
700 NW 107TH AVENUEMIAMI
33172

FL

7. Name and Address of New Registered Agent**Name****MCCAIN DAVID BESQ.**Street Address (P.O. Box Number is Not Acceptable)
700 NW 107TH AVENUECity
MIAMI

FL

Zip Code
33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **DAVID B. MCCAIN****01/25/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | MODIST DEBRA | |
| STREET ADDRESS | 730 NW 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | MUNOZ JANICE | |
| STREET ADDRESS | 700 NW 107TH AVE, 4TH FL | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | KANUNSKY NANCY | |
| STREET ADDRESS | 730 NW 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | REED LINDA | |
| STREET ADDRESS | 700 NW 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | IRVINE PARTICIA | |
| STREET ADDRESS | 700 NW 107TH AVE, 4TH FL | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | PEKOR ALLAN J. | |
| STREET ADDRESS | 700 NW 107TH AVE, 4TH FL | |
| CITY-ST-ZIP | MIAMI FL 33172 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | VS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MODIST DEBRA | |
| STREET ADDRESS | 730 NW 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | VT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUNOZ JANICE | |
| STREET ADDRESS | 700 NW 107TH AVE, 4TH FL | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAMINSKY NANCY | |
| STREET ADDRESS | 730 NW 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REED LINDA | |
| STREET ADDRESS | 730 NW 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | AS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IRVINE PARTICIA | |
| STREET ADDRESS | 730 NW 107TH AVE, 4TH FL | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEKOR ALLAN J | |
| STREET ADDRESS | 730 NW 107TH AVE, 4TH FL | |
| CITY-ST-ZIP | MIAMI FL 33172 | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice Munoz

VS

01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)