2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

6332 NW 77TH TERRACE

DOCUMENT # F14988

1. Entity Name

Principal Place of Business

6332 NW 77TH TERRACE

KAMPER INCORPORATED RESIDENTIAL BUILDERS



FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90121 006 ***150.00

PARKLAND FL 33067				PARKLAND FL 33067									
U\$			US	US									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current Recognitions		3. Mail	3. Mailing Address					01 (07) 8 (0)1 0()					
⁻ Suite, Apt.	. #, etc.		·· Suite	e, Apt. #, etc.		· · ·		☐ CHECK HERE	IF MAKING	CHANGES	-		
City & Stat	te		City	City & State			4.	4. FEI Number 59-2062824			pplied For ot Applicable		
Zip Country					Cour	Country		Certificate of Status Desired		\$8.75 Ad Fee Require	ditional		
	6. Name	and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent							
			•	·		Name							
KAMPER, DENNIS P.							Street Address (P.O. Box Number is Not Acceptable)						
	77TH TERR	ACE							<u></u>				
PARKLAN	D FL 33067												
•		• - *** · · ·		City - · ·			,		FL	Zip Coc	de		
8. The above the obligat	named entity tions of regist	y submits this statement fo ered agent.	r the purpo	ose of changing its	s register	ed office or re	egistered a	agent, or both, in the State of Flo	rida. I am f	amiliar with,	and accept		
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appl	icable. (NOT	E: Registere	d Agent signature	required when	n reinstation)	DATE				
		 -			a. Hogistore	a rigani agrictoro	required what	, remisdang)	DAIL				
		! FEE IS \$150.00 D3 Fee will be \$550.00						9. Election Campaign Fin		\$5.0	May Be		
		Florida Department of	f State					Trust Fund Contribution	n. 🗀		d to Fees		
10.		OFFICERS AND	DIRECTO	IRECTORS 11.			Δ	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11		
TITLE	٧			☐ Delete	TITL	E				☐ Change	Addition		
NAME	CARVALLO, AUGUSTIN					NAME				_ •			
STREET ADDRESS 305 SW 19TH ST				₽		ET ADDRESS							
CITY-ST-ZIP	FT LAUDERDALE FL 33304					CITY-ST-ZIP							
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CITY-ST-ZIP													
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NAME					NAM	E				g-	-		
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STREET ADDRESS CITY-ST-ZIP	_					ET ADDRESS							
l	•(*					-ST-ZIP							
maicalea	on this report	i or supplemental report is	true and a	iccurate and that n	nv sionat	ure shall have	s the came	n 119.07(3)(i), Florida Statutes. I e legal effect as if made under o	ath that Lai	m an afficar	or director		
or the corp	poration or in	e receiver or trustee empo chment with an address, v	werea to e	execute this report	as requir	ed by Chapte	er 607, Floi	rida Statutes; and that my name	appears in	Block 10 or	Block 11 if		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

954-755-9429

Daytime Phone #