

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005215

1. Entity Name

CORPORATE BUILDERS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90119 038 ***150.00

Principal Place of Business

777 S. FLAGLER DR
SUITE 909
WEST PALM BEACH FL 33401

Mailing Address

777 S. FLAGLER DR
SUITE 909
WEST PALM BEACH FL 33401-4347

2. Principal Place of Business

515 No. Flagler Dr.

Suite, Apt. #, etc.

1201

3. Mailing Address

515 No. Flagler Dr.

Suite, Apt. #, etc.

1201

City & State

West palm Beach, Fl.

City & State

West palm Beach, Fl.

4. FEI Number

13-3812462

Applied For

Not Applicable

Zip

Country

33401-4347

Zip

Country

33401-4347

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHU, ERNEST D
777 S. FLAGLER DR
SUITE 909
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

515 No. Flagler Dr., #1201

City

West Palm Beach

FL

Zip Code

33401-4347

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

Ernest Chu

Ernest Chu, Sect.

4/3/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD CHU, ERNEST 777 S. FLAGLER DR WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 No. Flagler Dr., #1201 West Palm Beach, Fl. 33401-4347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ernest Chu

Ernest Chu

4/3/00

Date

561-833-5560

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)