

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G01321

1. Entity Name
AMERILUMBER HARDWARE & BUILDING MATERIAL,
INC.



FILED

06 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

NC.
8260 S.W. 42 ST.
MIAMI, FL 33155

Mailing Address

NC.
8260 S.W. 42 ST.
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2326147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTELA, JOSE D.
6501 MAYNADA ST.
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name PORTELA, CONCEPCION M.
Street Address (P.O. Box Number is Not Acceptable)
6501 MAYNADA ST
City Coral Gables FL Zip Code 33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PORTELA, ORLANDO
STREET ADDRESS 8260 SW 42ND ST
CITY-ST-ZIP MIAMI, FL 00000

TITLE TS ☒ Delete
NAME PORTELA, JOSE D
STREET ADDRESS 6501 MAYNADA ST
CITY-ST-ZIP CORAL GABLES, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100074324861
CITY-ST-ZIP 05/10/06--01006--019 **70.00

TITLE TS ☒ Change ☐ Addition
NAME PORTELA, CONCEPCION M.
STREET ADDRESS 6501 Maynada ST
CITY-ST-ZIP Coral Gables, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Orlando J Portela
Presid

Apr/27/06 (309) 662-2828