FILED **2001 UNIFORM BUSINESS REPORT (UBR)**

May 22, 2001 8:00 am Secretary of State

1. Entity Name	ENT # J22061 BUILDERS, INC.			Secretary of State 05-22-2001 90750 001 ***450.00			
Principal Place of Business		Mailing Address		-			
1101HOLLAND DR BOCA RATON FL 33487 US		1810 SABEZ DRIVE DEERFIELD BEACH FL 33442 US					
		T					
2. Principal Place of Business		3. Mailing Address SABEL DR					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		Descher	horal fe	4. FE Number 59-2713195 Applied Fo			
Zip	Country	3320	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
	Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent			
	Chard Dlland Drive Aton FL 33487			Street Address (P.O. Box Number is Not Acceptable)			
1			City	■■ Zin Code			

1.	. FEi Number 59-2713195			Applied For			
				Not Applicable			
5.	Certificate of Status Desired	ı 🗆		\$8.75 Additional Fee Required			
	Name and Address of New Registered Agent						
).	Box Number is Not Acceptal	ble)					

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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title

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

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 **PSVP** Addition TITLE TITLE □ Delete **BROOKS, HARRY** NAME NAME 3850 NW BOCA RATON BLVD., #5 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Oelete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 truefee 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. changed, or on an attachment with an ill other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR