FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 16, 2002 8:00 am Secretary of State DOCUMENT # K51298 1. Entity Name ENCORE BUILDERS, INC. 05-16-2002 90034 045 ***158.75 Principal Place of Business Mailing Address 2921 N W 6TH AVE 2921 N W 6TH AVE MIAMI FL 33127 **MIAMI FL 33127** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0096693 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IU TERREZ. **GUTIERREZ, BRAULIO** Street Address (P.O. Box Number is Not Acceptable) 1385 W 77TH ST HIALEAH FL 33014 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD PD ☑ Delete TITLE CR2E034 (9/01) **GUTIERREZ, PATRICIA** ERMESTO GUTIERREZ 11100 MW 62 WE NAME STREET ADDRESS 11100 NW 62 AVENUE STREET ADDRESS **MIAMI FL 33012** CITY-ST-ZIF CITY-ST-ZIP MIBMI, Fl. 33012 TITLE ☐ Delete EXECUTIVE OFFICER NAME NAME BRADINO GUHERNEZ STREET ADDRESS 11100 NW 62 40E STREET ADDRESS CITY-ST-ZIP MILMI, A. 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 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

BRAULIO GUTIERREZ 4-25-02 (30) 571-8353