

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90041 013 ****55.00

DOCUMENT # L01000016477

1. Entity Name
AMERICAN BUILDERS, LLC



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6175 N.W. 167 STREET, UNIT G30 MIAMI FL 33015 **6175 N.W. 167 STREET, UNIT G30 MIAMI FL 33015**

2. Principal Place of Business 3. Mailing Address
6175 N.W. 167 STREET **6175 N.W. 167 STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
G-28 **G-28**
 City & State City & State
MIAMI, FL. **MIAMI, FL.**

4. FEI Number **65-1146684** Applied For Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139
 Name **MARCELO E. ARGUELLO**
 Street Address (P.O. Box Number is Not Acceptable)
13390 S.W. 82 ST.
 City **MIAMI** FL Zip Code **33156**

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 **MARCELO E. ARGUELLO, MGR** DATE **08/27/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBELO, ARNOLDO M 6175 N.W. 167 STREET, UNIT G30 MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNOLDO M. ROBELO 11840 SW 93 TERRACE MIAMI, FL. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IVONJE B. ARGUELLO 13390 SW 82 AVE MIAMI, FL. 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNOLDO R. ROBELO 5871 S.W. 76 ST. MIAMI, FL. 76 ST. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDUARDO ROBELO 704 SAMORA CORAL GABLES, FL. 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARCELO E. ARGUELLO 13390 SW 82 AVE MIAMI, FL. 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **MARCELO E. ARGUELLO, MGR** DATE **08/27/02** DAYTIME PHONE # **786-621-0393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/02)