


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90567 004 ****50.00

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DOCUMENT # L01000016477	
1. Entity Name AMERICAN BUILDERS, LLC	

Principal Place of Business 6175 N.W. 167 STREET G-28 MIAMI FL 33015	Mailing Address 6175 N.W. 167 STREET G-28 MIAMI FL 33015
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent ARGNELLO, MARCELO E 13390 SW 82 ST MIAMI FL 33156	
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4. FEI Number 65-1146684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME MGRM ROBELO, ARNOLDO M	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11846 SW 93 TERRACE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33186		CITY-ST-ZIP	
TITLE NAME MGRM ARGUELLO, IVONNE R	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13390 SW 82 AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33156		CITY-ST-ZIP	
TITLE NAME MGRM ROBELO, ARNOLDO R	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5871 SW 76 ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE NAME MGRM ROBELO, EDUARDO	<input type="checkbox"/> Delete	TITLE NAME MGRM Robelo, Eduardo E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 704 SAMORA		STREET ADDRESS 705 Madeira Avenue	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP Coral Gables, FL 33134	
TITLE NAME MGR ARGUELLO, MARCELO E	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13390 SW 82 AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33156		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME MGRM Valencia, Agnes M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 10540 SW 124 Street	
CITY-ST-ZIP		CITY-ST-ZIP Miami, FL 33176	

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: ARNOLDO M. ROBELO 4/29/03 786-621-0393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)