

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90166 009 ***150.00

DOCUMENT # L34096

1. Entity Name

BUILDERS INVESTORS, INC.

Principal Place of Business

1876 N. UNIVERSITY DR.
 FT. LAUDERDALE FL 33322

Mailing Address

1876 N. UNIVERSITY DR.
 FT. LAUDERDALE FL 33322-4130

2. Principal Place of Business

1868 N. UNIVERSITY DR

Suite, Apt. #, etc.

#204

3. Mailing Address

1868 N. UNIVERSITY DR

Suite, Apt. #, etc.

#204

City & State

PLANTATION FL

Zip

33322

Country

USA

City & State

PLANTATION FL

Zip

33322

Country

USA

4. FEI Number

65-0166483

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERCEDE, JOHN F
 1876 NORTH UNIVERSITY DRIVE
 SUITE 300
 PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name MERCEDE JOHN F

Street Address (P.O. Box Number is Not Acceptable)

1868 N. UNIVERSITY DR #204

City PLANTATION

FL

Zip Code 33322

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MERCEDE, JOHN C.	
STREET ADDRESS	1876 N. UNIVERISTY DR., #300	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MERCEDE, JOHN F	
STREET ADDRESS	1876 N. UNIVERSITY DR., #300	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1868 N. UNIVERSITY DR #204	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1868 N. UNIVERSITY DR #204	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE	DID NOT RECEIVE 2001 UBR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

4/17/01

954-475-9088