2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P0000010469 BUILDERS CHOICE OF SOUTH FLORIDA, INC. 02-03-2001 90278 028 ***150.00 Principal Place of Business Mailing Address 6321 LAKE GENEVA RD. 6321 LAKE GENEVA RD. MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 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 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----7. Name and Address of New Registered Agent Name MARRERO, LYSANDER Street Address (P.O. Box Number is Not Acceptable) 6321 LAKE GENEVA RD. MIAMI LAKES FL 33014 City Zip Code FI 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 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete CR2E034 (10/00) TITLE TITLE Change Addition Lysander Marrero NAME MARRERO, ARTURO 321 Lake Geneva Rd. STREET ADDRESS 6321 LAKE GENEVA RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 Miami Lakes FL 33014 TITLE Delete TITLE ☐ Addition NAME MARRERO, LYSANDER NAME STREET ADDRESS 6321 LAKE GENEVA RD. STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE - * + ~-X Delete سما نبيه فسند برتوريا TITLE Change ☐ Addition ... NAME CARRASCO, GABRIEL NAME STREET ADDRESS 6321 LAKE GENEVA RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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

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