2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # P0000039245 05-15-2001 90143 021 ***150.00 UNITED BUILDERS GROUP, INC. Principal Place of Business Mailing Address - ~ ~ ~ ~ 0 0 0 3 400 N. 71 TERR. 400 N. 71 TERR. HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 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 Name SCOTTI, AL Street Address (P.O. Box Number is Not Acceptable) 400 N. 71 TERR. HOLLYWOOD FL 33024 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE NAME SCOTTI, AL NAME STREET ADDRESS 400 N. 71 TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE TITLE ☐ Delete 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 price; like empowered.

SIGNATURE:

ocalll

	X	SECO	DWG	K	EW	ES1	(CHC)	Chme	2071	XC#	
rm	SS-4		n for Emp	_				EIN	3929° Cada) 15535	
ev. [December 1995)	(For use by emp	oloyers, corporat agencies, certair	tions, p indivi	partnerships, to duals, and oth	rusts, estates ers. See inst	i, churches ructions.)	' 		<u>~~~</u>	
partment of the Treasury					for your record	OMB No. 1545-0003					
T	1 Name of applicant (Legal name) (See instructions.) 1 Name of applicant (Legal name) (See instructions.)										
	2 Trade name of business (if different from name on line 1)				3 Executor, trustee, "care of", name						
ŀ	4a, Mailing address (street address) (room, apt., or suite no.			5.)	5a Business address (if different from address on lines 4a and 4b)						
	400 N.71STER.										
	4b City, state, and ZIP code + FL. 33024				5b City, state, and ZIP code						
	6 County and state where principal business is located										
L	7 Name of principal officer, general partner, grantor, owner, or trustor—S\$N required (See instructions.) ▶										
	AU Scotti										
	Type of entity (Check	only one box.) (See	instructions.)	_	state (SSN of c			•			
	Sole proprietor (SS	-	<u> </u>		lan administrati		SUB	<			
	☐ Partnership ☐ Personal service corp. ☐ REMIC ☐ Limited liability co.				ther corporation	(-)	cooperativ	e			
	☐ REMIC ☐ Limited flability co. ☐ State/local government ☐ National Guard			□ F	ederal Governn	nent/military	 Church	or church-	controlled of	organization	
	Other nonprofit organization (specify)				(enter GEN if applicable)			- V			
_	Other (specify)					···		country	···		
	If a corporation, nam (if applicable) where i	e the state or foreig	gn country State	e 	FL			country			
_	Reason for applying (Check only one box.)				Banking purpose (specify) ▶						
	X Started new business (specify) ►			_	Changed type of organization (specify)						
	—	Purchased going	-								
	☐ Hired employees ☐ Created a pension plan (specify type) ▶				Created a trust (specify) ▶ Other (specify) ▶						
_	Date business started or acquired (Mo., day, year) (See instructions.) 11 Closing month of accounting year (See instructions.) DECEMBER									structions.)	
_	First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first								ome will first		
	be paid to nonreside	nt alien. (Mo., day, y	rear)			>	· N/	H			
-	Highest number of e	mployees expected ny employees during	I in the next 12 in the period, ente	months er -0-, (. Note: If the a See instructions	applicant does	S Nonagrid	cultural Ag	ricultural	Household	
_	Principal activity (See	e instructions.) 🕨	Gener	al	Contr	actor	·				
		Is the principal business activity manufacturing?									
	To whom are most o	To whom are most of the products or services sold? Please check the appropriate box. ■ Business (wholesale) ■ N/A									
а	Has the applicant ever applied for an identification number for this or any other business?										
b	If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►										
c	Approximate date will Approximate date when				n was filed. Ent	er previous e	mployer ide	ntification of Previous Elf		nown.	
ide	penalties of perjury, I declare	that I have examined this as	pplication, and to the be	st of my l	knowledge and belief	it is true, correct.	and complets.	Business telep	hone number (i - 96/	nclude area code) -3848	
la.··	e and title (Please type	ir print clearly	TH_	50	OTTI PR	ES.		Fax telephone	number (inclu	de area code) 4426	
	////	1 Jax					Date \$	5/2	0/00		
gr	ature VV	Sive	Note: Do not write	e belov	v this line. For o	official use on		- ()	7		
 e	ase leave Geo.		ind.		Class		Size	Reason for	applying		
	nk ►		<u> </u>					<u> </u>			

Cat. No. 16055N

Form **SS-4** (Rev. 12-95)

For Paperwork Reduction Act Notice, see page 4.