

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 93647 035 \*\*\*150.00

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<b>DOCUMENT # P00000039245</b>			
1. Entity Name <b>UNITED BUILDERS GROUP, INC.</b>			
Principal Place of Business <b>400 N. 71 TERR. HOLLYWOOD FL 33024</b>		Mailing Address <b>400 N. 71 TERR. HOLLYWOOD FL 33024</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>SCOTT, AL 400 N. 71 TERR. HOLLYWOOD FL 33024</b>				4. FEI Number <b>65-0001096140</b>		Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE <b>VICE-PRESIDENT &amp; SEC.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SCOTT, AL</b>		NAME <b>ANTHONY D. CASERTA</b>	
STREET ADDRESS <b>400 N. 71 TERR.</b>		STREET ADDRESS <b>400 N. 71 TERR.</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL 33024</b>		CITY-ST-ZIP <b>HOLLYWOOD, FL. 33024</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>GREGORY KORCHMAR</b>	
STREET ADDRESS		STREET ADDRESS <b>400 N. 71 TERR.</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>HOLLYWOOD, FL. 33024</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Anthony D. Caserta* **ANTHONY D. CASERTA, V.P.** **5/15/02** **561-712-9222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)