

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90147 047 \*\*\*158.75

0117221

**DOCUMENT # P00000068501**

1. Entity Name  
**E & M BUILDERS, INC.**

Principal Place of Business      Mailing Address  
 14500 SW 280TH ST. LOT 170      14500 SW 280TH ST. LOT 170  
 HOMESTEAD FL 33032                  HOMESTEAD FL 33032

2. Principal Place of Business      3. Mailing Address  
**30035 S.W. 143 CT.**                  **30035 S.W. 143 CT.**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**LEISURE CITY, FL**      **LEISURE CITY, FL**      **65-1025962**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**MANTILLA, EVELIO**  
**14500 SW 280TH ST, LOT 170**  
**HOMESTEAD FL 33032**  
 Name      **MANTILLA, EVELIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**30035 S.W. 143 CT.**  
 City      **LEISURE CITY, FL**      Zip Code      **33033**

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 Evelio Mantilla **EVELIO MANTILLA** DIRECTOR      2-5-01  
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.       **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANTILLA, EVELIO</b> <b>14500 SW 280TH ST, LOT 170</b> <b>HOMESTEAD FL 33032</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANTILLA, EVELIO</b> <b>30035 S.W. 143 CT.</b> <b>LEISURE CITY, FL 33033</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Evelio Mantilla **EVELIO MANTILLA** DIRECTOR      2-5-01      (305) 246-8402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)