

**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 14500 SW 280TH ST. LOT 170 HOMESTEAD FL 33032	Mailing Address 14500 SW 280TH ST. LOT 170 HOMESTEAD FL 33032
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2. Principal Place of Business <b>30035 S.W. 143 CT.</b>	3. Mailing Address <b>30035 S.W. 143 CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>LEISURE CITY, FL</b>	City & State <b>LEISURE CITY, FL</b>	4. FEI Number <b>65-1025962</b>	Applied For <input type="checkbox"/>
Zip <b>33033</b>	Country <b>U.S.A.</b>	Zip <b>33033</b>	Country <b>U.S.A.</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

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

**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>	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 type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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)