

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91102 045 ***150.00

DOCUMENT # P00000071289

1. Entity Name
SOUTH AMERICAN BUILDERS CORP.



Principal Place of Business
8011 STIRRUP CAY CT
BOYNTON BEACH FL 33436

Mailing Address
8011 STIRRUP CAY CT
BOYNTON BEACH FL 33436



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1029672

Applied For

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

PONCE DE LEON, NELLY
5289 CEDAR LAKES ROAD #831
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

8011 STIRRUP CAY CT

City

Boynton Beach

FL

Zip Code

33436

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P
STREET ADDRESS PONCE DE LEON, NELLY
CITY-ST-ZIP 5289 CEDAR LAKES ROAD #831
BOYNTON BEACH FL 33437 Delete

TITLE
NAME
STREET ADDRESS 8011 STIRRUP CAY CT
CITY-ST-ZIP BOYNTON BEACH, FL 33436 Change Addition

TITLE
NAME V
STREET ADDRESS PONCE DE LEON, OMAR
CITY-ST-ZIP 5289 CEDAR LAKES ROAD #831
BOYNTON BEACH FL 33437 Delete

TITLE
NAME
STREET ADDRESS 8011 STIRRUP CAY CT
CITY-ST-ZIP BOYNTON BEACH, FL 33436 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nelly Ponce de Leon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03/561-358-6079
Date Daytime Phone #

CR2E034 (10/02)