

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000080157**

1. Entity Name

RESIDENTIAL BUILDERS OF MIAMI, INC.**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90281 023 ***150.00

Principal Place of Business

**3081 NW 24 STREET
MIAMI FL 33142**

Mailing Address

**3081 NW 24 STREET
MIAMI FL 33142**

2. Principal Place of Business

8906 N.W. 194 TERRACE

3. Mailing Address

8906 N.W. 194 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALEAH, FL

City & State

HALEAH, FL

Zip

33015

Country

Zip

33015

Country

4. FEI Number

65-1038209

Applied For

Not Applicable

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

**ALVAREZ, ANNETTE A
3081 NW 24 STREET
MIAMI FL 33142**

Name

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

8906 N.W. 194 TERRACE

City

HALEAH**FL**

Zip Code

33015

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)

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 State10. 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	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, ANNETTE A	
STREET ADDRESS	3081 NW 24 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8906 N.W. 194 TERRACE	
CITY-ST-ZIP	HALEAH, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Annelle A Alvarez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

v1-25-01

Date

v305 829-5834

Daytime Phone #

CR2E034 (10/00)