

Amended

FILED

02 OCT 24 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PD1000009524

1. Entity Name
American Builders Contractor Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

561 12 St NE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

4. FEI Number

65-1066040

Applied For
Not Applicable

Zip

34120

Country

Collier

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Jose A. Duran

Street Address (P.O. Box Number is Not Acceptable)
561 12 St NE

**DO NOT WRITE
IN THIS SPACE**

City

Naples

FL

Zip Code

34120

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President
Jose A. Duran
561 12 St NE
Naples, FL 34120

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

708888568837
10/24/02--01072--001 **61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V. President
Luz Torres
723 Meyer Drive
Naples, FL 34120

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Duran

10/21/02 (239) 348-7038

Date

Daytime Phone #

CR2E034B (12/01)