

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90126 031 ***158.75

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DOCUMENT # P01000045138

1. Entity Name
BUILDPRO, INC.



Principal Place of Business
**2419 W 3RD CT
HIALEAH FL 33010**

Mailing Address
**2419 W 3RD CT
HIALEAH FL 33010**

2. Principal Place of Business
1175 N.E. 125 Street

3. Mailing Address
1175 N.E. 125 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

316

316

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33161

USA

33161

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUPLER, DAVID S
6950 CYPRESS RD, SUITE 0101
PLANTATION FL 33317**

Name

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

City

FL

Zip Code

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 _____ (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 **PD** ☒ Delete
NAME **ACOSTA, FELIX**
STREET ADDRESS **2419 W 3RD CT**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BASABE, AARON**
STREET ADDRESS **2419 W 3RD CT**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Aaron Basabe**
STREET ADDRESS **1175 N.E. 125 St. #316**
CITY-ST-ZIP **Miami, FL 33161**

TITLE **STD** ☒ Delete
NAME **ACOSTA, MAYRA**
STREET ADDRESS **2419 W 3RD CT**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T/D** ☒ Change ☐ Addition
NAME **Frank M. Zayas**
STREET ADDRESS **1175 N.E. 125 St., #316**
CITY-ST-ZIP **Miami, FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/P** ☒ Change ☐ Addition
NAME **Angie Zayas**
STREET ADDRESS **1175 N.E. 125 St., #316**
CITY-ST-ZIP **Miami, FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

AARON BASABE **4/17/03** **305-895-4376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)