2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000051501 DOCUMENT

1. Entity Name

CAPITOL BUILDERS, INC.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME



NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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	CO WE THE					
Principal Place of Business	Mailing Address					
4731 WEST 9TH COURT	4731 WEST 9TH COURT					
HIALEAH FL 33012	HIALEAH FL 33012					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					

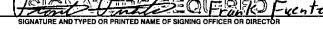
FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90125 038 ***150.00

4731 WEST 9TH COURT HIALEAH FL 33012		4731 WEST 9TH COURT HIALEAH FL 33012							
- -				٠					
Principal Place of Business 3. Mailing Address			ss				# 01101 11 5 01 01114 80	14t 101 tool	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State			4. F	4. FEI Number 65-1116349 Applied For Not Applied be			
Zip	Country	Zip	ip Cour		5. C	5. Certificate of Status Desired See Requi			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				-Name					
MESA, MANUEL ARTHUR ESQ. 44 W. FLAGLER ST #1575				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33131			-	07.			Zip Code		
				City		F	L Zip Code	e	
	e named entity submits this statement itions of registered agent. Signature, typed or printed name of registered age			ed Agent signature requ				·	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department		0			Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES, FRANK J 4731 WEST 9TH COURT HIALEAH FL 33012	∭ D€	NAN STRI				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES, RICHARD A 4731 WEST 9TH COURT HIALEAH FL 33012	□ De	NAM STRI	_			☐ Change	☐ Addition	
TITLE		□ De					☐ Change	Addition	
NAME			STRI	TE EET ADORESS '-ST-ZIP					
TITLE		□ De	elete TITL	E			☐ 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:



305-822-2418

Change

☐ Change

Addition

☐ Addition

CR2E034 (10/02)