

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90177 032 \*\*\*150.00

**DOCUMENT # P01000082010**

1. Entity Name

**BUENA VISTA BUILDERS, INC.**

Principal Place of Business

116 PRESTIGE DRIVE  
ROYAL PALM BEACH FL 33411

Mailing Address

116 PRESTIGE DRIVE  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

6801 LakeWorth Rd

3. Mailing Address

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

City & State

LakeWorth FL

City & State

Zip

33467

Country

Zip

Country

4. FEI Number

65-1135590

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

**PUENTE, NEPTALI A**  
**221 POE DRIVE**  
**PALM SPRINGS FL 33461**

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.

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, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**PUENTE, RAUL A**  
**116 PRESTIGE DRIVE**  
**ROYAL PALM BEACH FL 33411**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**PUENTE, NEPTALI A**  
**221 POE DRIVE**  
**PALM SPRINGS FL 33461**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ANDRADE, ALFONSO**  
**15605 OCEAN BREEZE LANE**  
**WELLINGTON, FL 33414**

☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)