FOR PROFIT CORPORATION  NIFORM BUSINESS REPORT (UBR)		
DOCUMENT # PUL UD 60 5480	9	
1. Entity Name		FILED
Building up Construct	tion Corp.	03 MAY -8 PM 1:49
DO NOT WRITE IN THIS SPACE		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business 101 + 52 3. Mailing Address 3610 N  Suite, Apt. #, etc. Suite, Apt. #, etc.	W 101 ST	80001883318 05/13/0301032022 **150.00 do not write in this space
William 1- Florida City & State MIAMI	FL	4. FEI Number OI - 0 6 9 7 5 4 7   Not Applicable
39147 Country S. A. Zip 33147	Country	5. Certificate of Status Desired  \$8.75 Additional Fee Required
	Name	7. Name and Address of Current Registered Agent
DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE 3610 NOW 101 est		
	City	ANI P 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 fittle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE		
Tax filing requirement and elects to do so.  After M Amen	May 1 Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25 yable to Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP  3610 NW 101, est 33, 747	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
11/16/11/1 20/11/20	TITLE NAME	
STREET ADDRESS -3610 NW 101 est 33147	STREET ADORESS CITY-ST-ZIP	
TITLE	TITLE NAME	
STREET ADDRESS CHY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
THE NAME .	TITLE NAME	IN THIS SPACE
STREET ANDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	.TS
THE	TITLE	
NAME SIREET ADDRESS CITY-ST-7IP	STREET ADDRESS CITY-ST-ZIP	
TIILE	TITLE	
NAME SIREET AUDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	
13. Thereby 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 another 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 simply street.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		