

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

1/1

01-15-2003 90216 004 ***150.00

DOCUMENT # P02000058227

1. Entity Name
BEST BUILDERS OF MIAMI CORP.



Principal Place of Business
6260 NW 3RD STREET
WEST MIAMI FL 33144

Mailing Address
6260 NW 3RD STREET
WEST MIAMI FL 33144



2. Principal Place of Business

6260 N.W. 3 ST
Suite, Apt. #, etc.

3. Mailing Address

6260 N.W. 3 ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

48-1260298

Applied For

Not Applicable

Zip

33126

Country

DADE

Zip

33126

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECHAVARRIA, JOSE J
6460 SW 8 STREET
WEST MIAMI FL 33144

7. Name and Address of New Registered Agent

Name JOSE J. ECHAVARRIA
Street Address (P.O. Box Number is Not Acceptable)
6260 N.W. 3 ST
City MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

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

TITLE PD
NAME ECHAVARRIA, JOSE
STREET ADDRESS 6260 SW 3RD STREET
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ECHAVARRIA, JOSE ☒ Change ☐ Addition
STREET ADDRESS 6260 N.W. 3 ST
CITY-ST-ZIP MIAMI, FL 33126

TITLE SEC
NAME GAMALLO, R. JOSE ☐ Change ☒ Addition
STREET ADDRESS 12850 S.W. 14 ST
CITY-ST-ZIP MIAMI, FL 33184

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 786/326-2380

Date

Daytime Phone #

CR2E034 (10/02)