

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-23-2003 90203 013 ***150.00

CR2E034 (10/02)

DOCUMENT # P92000005377

1. Entity Name
FLORIDA AND KEYS BUILDERS, INC.



Principal Place of Business
2459 N.W. 31 STREET
MIAMI FL 33142

Mailing Address
2459 N.W. 31 STREET
MIAMI FL 33142

90008788



2. Principal Place of Business

389 LUDLAM DR.

3. Mailing Address

389 LUDLAM DR.

Suite, Apt. #, etc.

MIAMI SPRINGS

Suite, Apt. #, etc.

MIAMI SPRINGS

City & State

FL 33166

City & State

FL 33166

Zip

33166

Country

FI

Zip

33166

Country

FI

4. FEI Number **65-0369941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MATILLA, CARLOS A
2459 N.W. 31 STREET
MIAMI FL 33142

7. Name and Address of New Registered Agent

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

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

(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 **P** ☐ Delete
NAME **MATILLA, CARLOS A**
STREET ADDRESS **2459 N.W. 31 STREET**
CITY-ST-ZIP **MIAMI FL 33142**

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

TITLE **VS** ☐ Delete
NAME **MATILLA, OLANIA**
STREET ADDRESS **2459 N.W. 31 STREET**
CITY-ST-ZIP **MIAMI FL 33142**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Olania Matilla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #