05051999-90179-002-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 30 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004459

1. Corporation Name
BUILDING UP, INC.

Principal Place of Business	Mailing Address
407 LINCOLN RD SUITE 5B MIAMI BEACH FL 33139 US	407 LINCOLN RD SUITE 5B MIAMI BEACH FL 33139 US

8/30/99 90179 002 $150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 946 N.E. 80st.	2a. Mailing Address: 946 N.E. 80st.	3. Date Incorporated or Qualified: 01/19/1994	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 65-0460740	☐ Applied For ☐ Not Applicable
City & State: Miami Florida.	City & State: Miami Florida.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip: 33138. Country	Zip: 33138. Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		7. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

BRITO, LUIS G
407 LINCOLN RD
SUITE 5B
MIAMI BEACH FL 33139

← correct

10. Name and Address of New Registered Agent

81 Name [redacted]
82 Street Address (P.O. Box Number is Not Acceptable) [redacted]
83
84 City [redacted] FL 85 Zip Code [redacted]

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	URTUBIA, AURELIO		1.2 NAME		
STREET ADDRESS	946 NE 80TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL 33138		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED 4/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

KE