

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054126

1. Entity Name
ABRIL BUILDERS CORP.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90256 024 ***158.75

Principal Place of Business

10777 SW 60TH AVE
MIAMI FL 33156
US

Mailing Address

10777 SW 60TH AVE
MIAMI FL 33156
US

2. Principal Place of Business

2100 W 76 STREET

3. Mailing Address

2100 W 76 STREET

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

HALEAH, FL

City & State

HALEAH, FL

Zip

33016

Country

USA

Zip

33016

Country

AUSA

4. FEI Number

65-0638049

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

ABRIL, EDUARDO L
10777 SW 60TH AVE
MIAMI FL 33156

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

Eduardo L. Abril
EDUARDO L. ABRIL

4-10-01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	ABRIL, EDUARDO L	
STREET ADDRESS	10777 S2 60TH AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE:

Eduardo L. Abril
EDUARDO L. ABRIL

Date

Daytime Phone #

4-10-01 786-236-8406

CR2E034 (10/00)