

5/17/

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-17-2002 90032 022 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9600005393

1. Entity Name

AMERICAN BUILDERS 2001, INC.

92435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16425 COLLINS AVENUE

3. Mailing Address
7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.
SUITE 1412

Suite, Apt. #, etc.
BUILDING "G"

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
SUNRISE, FLORIDA

4. FEI Number 65-0672827

Applied For
Not Applicable

Zip
33160

Country
USA

Zip
33351

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: BEHAR, LARRY J.
Street Address (P.O. Box Number is Not Acceptable): 333 S.E. THIRD AVENUE # 400
City: Fort Lauderdale FL Zip Code: 33316

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

T
NAME: ABITTAN, GABRIEL
STREET ADDRESS: 16425 COLLINS AVENUE #1412
CITY-ST-ZIP: MIAMI, FLORIDA 33160

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

P
NAME: SIBONEY, GILBERT
STREET ADDRESS: 16425 COLLINS AVENUE #1412
CITY-ST-ZIP: MIAMI, FLORIDA 33160

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gabriel Abittan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24 02 (305) 672-0092
Date Daytime Phone #

CR2E034B (12/01)