

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 # P96000005393

1. Entity Name

AMERICAN BUILDERS 2001, INC.

92435

**DO NOT WRITE IN THIS SPACE**2. Principal Place of Business  
16425 COLLINS AVENUE3. Mailing Address  
7800 W. OAKLAND PARK BLVD.Suite, Apt. #, etc.  
SUITE 1412Suite, Apt. #, etc.  
BUILDING "G"

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDACity & State  
SUNRISE, FLORIDA

4. FEI Number 65-0672827

Applied For  
Not ApplicableZip  
33160Country  
USAZip  
33351Country  
USA5. 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)  
338 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 reissuing)

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 \$350.00

Amended UBR is \$81.25

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  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24-02 (305) 672-0092

Date

Daytime Phone #

CR2E034B (12/01)