2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 24, 2001 8:00 am Secretary of State **DOCUMENT#** P96000046390 1. Entity Name SOUTH FLORIDA HOME BUILDERS, INC. 04-24-2001 90035 049 ***150.00 Principal Place of Business Mailing Address 1760 West 41 Street 1760 West 41 Street Hialeah FL33012 Unit B Hialeah FL33012 A0055352 : 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0718295 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Nelson Graveran C. Vazquez Street Address (P.O. Box Number is Not Acceptable) 15841 Pines Boulevard <u>1760 West 41 Street</u> Suite B Pembroke Pines FL 33027 Zip Code 33012 City Hialeah for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statemen 4/16/01 SIGNATUR typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (11/00) Change ★ Addition TITLE ☐ Delete TITLE V/D NAME NAME C. Vazquez STREET ADDRESS STREET ADDRESS 15841 Pines Boulevard CITY-ST-ZIP Pembroke Pines FL 33029 CITY-ST-ZIP **★** Addition TITLE ☐ Delete TITLE P/S/D NAME NAME Nelson Graveran STREET ADDRESS STREET ADDRESS 1760 West 41 Street Suite B CITY-ST-ZIP CITY-ST-ZIP Hialeah FL 33012 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of these 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 s with all other like wered.

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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/16/01

(305) 557-1253