

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90326 033 ***150.00

DOCUMENT # P96000051322

1. Entity Name

ASSOCIATES HOME CONSTRUCTION, CORP. II

Principal Place of Business

**1232 FERDINAND STREET
CORAL GABLES FL 33134**

Mailing Address

**1232 FERDINAND STREET
CORAL GABLES FL 33134**

2. Principal Place of Business

147 Alhambra Circle

Suite, Apt. #, etc.

Suite 212

City & State

Coral Gables, FL

Zip

33134

Country

Miami Dade

3. Mailing Address

147 Alhambra Circle

Suite, Apt. #, etc.

Suite 212

City & State

Coral Gables, FL

Zip

33134

Country

Miami Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2293602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, RALPH K

**1232 FERDINAND STREET
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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.

Ralph K. Wilson
SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 10, 2002
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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GIL, FELIX	
STREET ADDRESS	1232 FERDINAND STREET	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	XAMAYA X BUS F	
STREET ADDRESS	X268X SW 105X CT #206	
CITY-ST-ZIP	XMIAMI FL 33134	
TITLE	T/S	<input type="checkbox"/> Delete
NAME	WILSON, RALPH K	
STREET ADDRESS	1232 FERDINAND STREET	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREDO ZULETA	
STREET ADDRESS	147 Alhambra Circle	
CITY-ST-ZIP	Suite 212 Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Ralph K. Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER FOR OFFICER OR DIRECTOR

April 10, 2002 **305 266 6974**
Date Daytime Phone #

CR2E034 (9/01)