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

FILED May 27, 2002 8:00 am Secretary of State

DOCUMENT # P 9 6 0 0 0 0 6 0 5 5 6 1. Entity Name			05-27-2002 90448 047 ***163.75	
AMERI-BUILT CO	NTRACTORS	INC		
DO NOT WRITE	E IN THIS SP	ACE		
2. Principal Place of Business 880-N6-42 ST- Suite, Apt. #, etc.	3. Mailing Address 880, N.E. 42.5+. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
OAKLAND PARK , FLORIDA	City & State OAKLANDPARK		4. FEI Number 65 - 0680 690	Applied For Not Applicable
233334 BROWARD	33334 B	Country BRANARD	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			7. Name and Address of Current Registe	_
		Name NAISS	ER F. MEHR (FRED.N.M	EHR)
IN THIS SDACE			(P.O. Box Number is Not Acceptable) S.E. 51 TH CT. APT 13-26	
8. The above named entity submits this statement	for the purpose of changing its re			<u> </u>
1) I not		•	•	
SIGNATURE Signature, typed or printed name of registered ager	NASSER F. ME, mt and title if applicable. (NOTE: F	HK PKES/0) Registered Agent signature requir	ENT 05-09-03 ed when reinstating) DAT	<u>2</u>
	tonuary 1 Mar	v 1 Fee is \$150.00		-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee it Amended UBR it Make Check Payable to De		Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS ANI	D DIRECTORS			
TITLE P	,	TITLE		
NAME NASSER F. MEHR STREET ADDRESS 2170 NE. 51 CT APT B- 26		NAME STREET ADDRESS		(;
CITY-ST-ZIP FF-LAVDER DALE, FL, 33308		CITY-ST-ZIP		15
TITLE -	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	TITLE		
NAME		NAME		18
		STREET ADDRESS		
CITY-ST-ZIP		City-St-Zip		
TITLE		TITLE	<u> </u>	
NAME	•	NAME		1
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	DO NOT WE	RITE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: