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May 23, 2001 8:00 am
Secretary of State
05-23-2001 91154 026 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

768874

DOCUMENT # P96000065871

1. Entity Name
A & E Builders, Inc.

Principal Place of Business	Mailing Address
435 S.W. 95th Ct. Miami, Fl. 33174 US	435 S.W 95th Ct. Miami, Fl. 33174 U.S.

2. Principal Place of Business	3. Mailing Address
435 S.W. 95th Ct.	435 S.W. 95th Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, FLORIDA
Zip: 33174 Country: Miami Dade	Zip: 33174 Country: Miami Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0684698 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Ambrogi, Octavio
5357 W. 24th Court.
Hialeah Fl. 33016

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: If registered Agent signature required when reinstating)

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

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ambrogi, Octavio 5357 W. 24th Ct. Hialeah Fl. 33016	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALFARO ROBERTO 435 S.W. 95th Ct. Miami Fl. 33174	V.P. ☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CORDOBA RAFAEL 5461 S.W. 144th AVENUE Miami, Fl. 33175	P. ☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZUNIGA RAFAEL 11502 S.W. 127th Ct. Miami Fl. 33183	S ☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

CR2E034 (11/00)

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: R. Roberts Alfaro 4/25/01 305-485-8999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #