

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90073 036 ***158.75

DOCUMENT # P97000081602

1. Entity Name
BETTER DESIGN BUILD, INC.

Principal Place of Business

7000 SW 97 AVENUE
SUITE 104
MIAMI FL 33173

Mailing Address

7000 SW 97 AVENUE
SUITE 104
MIAMI FL 33173

2. Principal Place of Business

2720 SW 97 Avenue

Suite, Apt. #, etc.

201

City & State
Miami, FL

Zip
33165

Country
USA

3. Mailing Address

2720 SW 97 Avenue

Suite, Apt. #, etc.

201

City & State
Miami, FL

Zip
33165

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0785535

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, REINALDO
7000 SW 97 AVENUE
SUITE 104
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **Martinez, Reinaldo**
Street Address (P.O. Box Number is Not Acceptable)
2720 SW 97 Avenue
Suite 201
City **Miami** **FL** **Zip Code** **33165**

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 reinstating)

DATE

3/7/02

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	MARTINEZ, REINALDO	
STREET ADDRESS	7000 SW 97 AVENUE STE 104	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input type="checkbox"/> Delete
NAME	PUIG, RALPH JR	
STREET ADDRESS	7000 SW 97TH AVE STE 104	
CITY-ST-ZIP	MIAMI FL 33173	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Reinaldo	
STREET ADDRESS	2720 SW 97 Avenue, Ste 201	
CITY-ST-ZIP	Miami, FL 33165	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruig, Ralph Jr.	
STREET ADDRESS	2720 SW 97 Avenue, Ste 201	
CITY-ST-ZIP	Miami, FL 33165	
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/02 305 220-3701

CR2E034 (9/01)