

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90074 044 ***150.00

DOCUMENT # P97000098241

1. Entity Name
ALMEIDA BUILDERS CORPORATION

00045086



DO NOT WRITE IN THIS SPACE

Principal Place of Business 15921 N.W. 14TH COURT PEMBROKE PINES FL 33028	Mailing Address 15921 N.W. 14TH COURT PEMBROKE PINES FL 33028
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2. Principal Place of Business 1420 Windsor Court Suite, Apt. #, etc. Cape Coral. FL. City & State 33904 Zip Country	3. Mailing Address 1420 Windsor Court Suite, Apt. #, etc. Cape Coral. FL. City & State 33904 Zip Country
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4. FEI Number 59-3478580	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
ALMEIDA, RUBEN
15921 N.W. 14TH COURT
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent
 Name
Ruben Almeida.
 Street Address (P.O. Box Number is Not Acceptable)
1420 Windsor Court.
 City
Cape Coral Zip Code
33904

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: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALMEIDA, RUBEN 15921 N.W. 14TH COURT PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Almeida, Ruben 1420 Windsor Court Cape Coral. FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)