

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

0317601

**DOCUMENT # P98000009250**

1. Entity Name

**BUILDERS OF M.E.C.C.A. INC**

05-29-2001 90017 001 \*\*\*150.00

Principal Place of Business

Mailing Address

**1699 WINGFIELD ST  
 LAKE WORTH FL 33460**

**1301 12TH AVENUE SOUTH  
 LAKE WORTH FL 33460**

2. Principal Place of Business

3. Mailing Address

*Same as above*

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0828527**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWE, RETHA  
 1301 12TH AVENUE SOUTH  
 LAKE WORTH FL 33460**

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

*[Signature]*

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

(NOT) Registered Agent signature required when reinstating

*12-30-2000*

DATE

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

**FILE NOW!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**Fee will be \$550.00**  
**to Department of State**

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	P	<input checked="" type="checkbox"/> Delete
NAME	<b>SWEET, RAYMOND</b>	
STREET ADDRESS	<b>101 SO J ST</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>LOWE, RETHA</b>	
STREET ADDRESS	<b>1301 12TH AVE SO</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	<b>BAKER, BRENDA</b>	
STREET ADDRESS	<b>1301 SO B ST</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>SMITH, TERESA</b>	
STREET ADDRESS	<b>NW 17TH ST</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	AS	<input type="checkbox"/> Delete
NAME	<b>JORDAN, BEVERLY</b>	
STREET ADDRESS	<b>633 WASHINGTON AVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Banks, Rosly</i>	
STREET ADDRESS	<i>NW 17th St.</i>	
CITY-ST-ZIP	<i>Boynton Beach, FL 33435</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sheppard, Devin</i>	
STREET ADDRESS	<i>1402 So. B. St.</i>	
CITY-ST-ZIP	<i>LAKE WORTH, FL 33460</i>	
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)