

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000091135**

1. Entity Name

**REBUILDING OUR CITY, INC.****FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90381 022 \*\*\*158.75

0100552

Principal Place of Business

Mailing Address

**16543 NW 83RD PLACE  
MIAMI LAKES FL 33016****16543 NW 83RD PLACE  
MIAMI LAKES FL 33016****620529**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0881385**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CRUZ, HOMERO  
16543 NW 83RD PLACE  
MIAMI LAKES FL 33016**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **CRUZ, HOMERO**  
STREET ADDRESS **16543 NW 83RD PLACE**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**TITLE **D** ☒ Delete  
NAME **ALONSO, ROBERTO**  
STREET ADDRESS **16502 NW 82ND PLACE**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**TITLE **D** ☐ Delete  
NAME **ESCALONA, GUILLERMO M**  
STREET ADDRESS **19310 WEST OAKMONT DRIVE**  
CITY-ST-ZIP **MIAMI FL 33015**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME **D JESUS MONTESANO**  
STREET ADDRESS **8514 NW 165TH ST.**  
CITY-ST-ZIP **MIAMI FL 33016**TITLE ☒ Change ☐ Addition  
NAME **D MIGUEL A. CHAMPAH**  
STREET ADDRESS **8371 NW 166TH TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33016**TITLE ☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. **2/1/01** **305 825-0834**  
Date Daytime Phone #

CR2E034 (10/00)