

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90122 018 ***158.75

702333



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000012592

1. Entity Name
G. & M. HOME BUILDERS, INC.

Principal Place of Business 255 N.W. 128TH AVENUE MIAMI FL 33182-1123	Mailing Address 255 N.W. 128TH AVENUE MIAMI FL 33182-1123
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2. Principal Place of Business 13320 S.W. 5th ST. Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 52-2900 Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA.	City & State MIAMI, FLORIDA	4. FEI Number 65-0892799	Applied For Not Applicable
Zip 33184-1150	Country MIAMI-DADE	Zip 33152-2900	Country MIAMI-DADE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MORALES, G D
~~255 N.W. 128TH AVENUE~~ **13320 S.W. 5th ST.**
~~MIAMI FL 33182-1123~~ **MIAMI, FLORIDA. 33184**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE **01-10-00.**

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, 2000 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	PTD <input type="checkbox"/> Delete GARCIA, VALERIANO G 1571 WEST 76TH ST. HIALEAH FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <input type="checkbox"/> Delete MORALES, G D 255 N.W. 128TH AVENUE MIAMI FL 33182-1123
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 13320 S.W. 5th ST. MIAMI, FLORIDA. 33184-1150
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 another like shown above.

SIGNATURE: **RED** DATE: **01-10-00** (305) 480-0012.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)