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

SIGNATURE:

## FILED Mar 28, 2001 8:00 am DOCUMENT # P99000024699 **Secretary of State** 1. Entity Name BUILT-TOPS, INC. 03-28-2001 90197 013 \*\*\*150.00 Principal Place of Business Mailing Address 8511 NW 61 ST 8511 NW 61 ST пииавьяя MIAMI FL 33166 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address 7955 N.W. 54 STNEET 1955 N.W. 54 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number Applied For 65-0904545 MLAMi Miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Heistian - Wacten-WALKER, PATRICK Street Address (P.O. Box Number is Not 11345 S.W. 133RD COURT, #4 MIAMI FL 33186 Milami City 3375 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT CR2E034 (10/00) Delete TITLE WALKER CHRISTIAN 18402 S.W. 89 PLACE MICHIEF FL. 38157 WALKER, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 11345 S.W. 133RD COURT, #4 CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-7IP VICE - PIESIDENT ☐ Delete Addition TITLE TITLE Change JOJE LLAMA JYST WALKER, CHRISTIAN NAME NAME 12/6/ 5.W. STREET ADDRESS STREET ADDRESS 11345 SW 133 CT 4 miam, +c 33186 CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33186** SECRETARY WALKEN PATRICK TITLE Change TITLE Delete Addition WALKER, PATRICK NAME NAME 11345 S.W. 133 C+ STREET ADDRESS 11345 SW 133 CT 4 STREET ADDRESS CITY-ST-ZIE MIAMI FL 33186 CITY-ST-7IP miami, FL. 33186 TITLE ☐ Delete TITLE [ ] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP 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 removed by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this report as rezo changed, or on an attachment with an address, with all other like empowered.