FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State DOCUMENT # P99000068028 1. Entity Name 04-03-2002 90191 016 ***150 00 AMEC BUILDERS, INC. Principal Place of Business Mailing Address 5540 HANSEL AVENUE 5540 HANSEL AVENUE ORLANDO PL 32809 ORLANDO A 32809 2. Principal Place of Business 7201 MUNICI AMSET ALL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3590647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee.Required ___ Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARVALHO, ENIO 5540 HANSEL AVE ORLANDO EL 32809 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PΧ (9/01) TITLE Delete TITLE **C**hange ☐ Addition CARVALHO, ENIOCT SIB LAKESCHIE CT CARVALHO, ENIO NAME NAME **518 LAKESCAPE CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FREIRE, ANA S NAME STREET ADDRESS 13560 EYAS RD STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP --☐ Delete **Addition** TITLE TITLE INA CLEA PINTO NAME ana clea Pinto NAME STREET ADDRESS 13560 EYAS RD STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET AUDRESS STREET 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 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.