


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90172 017 ***150.00

DOCUMENT # P99000068028	
1. Entity Name AMEC BUILDERS, INC.	

DO NOT WRITE IN THIS SPACE

11009684

2. Principal Place of Business 1835 DERBY GLEN DR. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 1835 DERBY GLEN DR. <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA	4. FEI Number 59-3590647	Applied For <input type="checkbox"/> Not Applicable
Zip 32837	Country ORANGE	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name ANA FREIRE	
	Street Address (P.O. Box Number is Not Acceptable) 13560 EYAS RD.	
	City ORLANDO	FL Zip Code 32837

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DATE** 4-8-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT + SECRETARY	NAME ANA S. FREIRE	TITLE	NAME
STREET ADDRESS 13560 EYAS RD.	CITY-ST-ZIP ORLANDO, FL. 32837	STREET ADDRESS	CITY-ST-ZIP
TITLE TREASURER	NAME ANA CLEA PINTO	TITLE	NAME
STREET ADDRESS 13560 EYAS RD.	CITY-ST-ZIP ORLANDO, FL. 32837	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANA S. FREIRE** **DATE** 4-8-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 363 1155

CR2E034B (12/02)