## 2002 Uniform Business Report (UBR)

## Mar 29, 2002 8:00 am P99000088483 DOCUMENT # **Secretary of State** 1. Entity Name 03-29-2002 91422 034 \*\*\*158.75 BUDGET BUILDERS, INC. Principal Place of Business Mailing Address PROST-SOUTH-DIXIE-HWY. 28931=SOUTH-DIME\_HWY HOMESTEAD-FL-93033 HOMESTEAD-FIT-33033 2. Principal Place of Business 3. Mailing Address 27501 SOUTH 27501 SOUTH DIXIE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 402 Applied For & State City & State 4. FEI Number 65-0952720 Not Applicable \$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 GROH, RICHARD Street Address (P.O. Box Number is Not Acceptable) 16200 SW 172ND AVE **MIAMI FL 33187** 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. RICHARD SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. 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. Addition TITLE ☐ Delete TITLE GROH, RICHARD NAME NAME 16200 SW 172ND AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33187 CITY-ST-ZIP CITY-ST-ZIP TITLE VD ☐ Delete Change ☐ Addition NAME GROH, DONALD 7925 SW 201 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33189 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change ☐ Addition NAME \_\_\_. NAME -\_ GROH, ANA Ms. STREET ADDRESS 16200 SW 172ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33187 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 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 attackment with an address with all other like empowered.

SIGNATURE: JULY MUNICIPE AND MARIA GROWN 305-2