

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90176 030 ***163.75

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DOCUMENT # S02223

1. Entity Name
SOUTHERN FLORIDA BUILDERS CORPORATION

Principal Place of Business
**500 E. 23RD ST.
 HIALEAH FL 33013**

Mailing Address
**P.O. BOX 3583
 HIALEAH FL 33013**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

4. FEI Number **65-0221428** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PANDO, GASTON		Name	
500 E 23RD ST		Street Address (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33013		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PANDO, GASTON 500 E 23RD ST HIALEAH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D-PRESIDENT GASTON PANDO 500 E. 23RD ST HIALEAH, FL. 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANDO, JOHN 500 E. 23 RD ST HIALEAH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PANDO GASTON RENE D, VICE-PRESIDENT 1823 SE. 19TH LANE CAPE CORAL, FLA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PANDO, GASTON RENE 1823 SE 19TH LANE CAPE CORAL FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY PANDO, JOHN 500 E. 23RD ST. HIALEAH, FL. 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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, 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 ~~lik~~ empowered.

SIGNATURE: *Gaston Pando* PRESIDENT 01/23/02 (307) 691-3029
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPR2E030 (9/01)