

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90102 040 ***150.00

NSA1707 SD

DOCUMENT # S03345
 1. Entity Name
145 BUILDING SUPPLY, INC.

Principal Place of Business Mailing Address
1326-28 N.W. 78TH AVE MIAMI FL 33126
1326-28 N.W. 78TH AVE MIAMI FL 33126
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
145 Building Supply, Inc. 145 Building Supply, Inc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
14515 S.W. 120 St. 14515 S.W. 120 St.
 City & State City & State
Miami, FL Miami, FL
 Zip Country Zip Country
33186 USA 33186 USA

4. FEI Number **65-0276362** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MELENDEZ, RAMON
14986 SW 113 STREET
MIAMI FL 33196

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

TITLE	R	<input type="checkbox"/> Delete
NAME	MELENDEZ, RAMON	
STREET ADDRESS	14986 SW 113TH ST	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELENDEZ, MARISOL	
STREET ADDRESS	14986 SW 113TH ST	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Marisol Melendez* **Marisol Melendez** 2/4/02 305-387-5623
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)