

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90061 048 ***150.00

DOCUMENT # S92010

1. Entity Name
3M BUILDERS, INC.

Principal Place of Business
**3211 PONCE DE LEON BLVD
 SUITE 301
 CORAL GABLES FL 33134-7238**

Mailing Address
**3211 PONCE DE LEON BLVD
 SUITE 301
 CORAL GABLES FL 33134-7238**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0305424**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**MILTON, JOSEPH
 3211 PONCE DE LEON BLVD
 SUITE 301
 CORAL GABLES FL 33114**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
PD
 NAME **MILTON, JOSEPH**
 STREET ADDRESS **3211 PNC DE LEON BVD 301**
 CITY-ST-ZIP **CORAL GABLES FL**

Change Addition

TITLE Delete
ST
 NAME **BARKER, REX M.**
 STREET ADDRESS **3211 PONCE DE LEON BLVD #301**
 CITY-ST-ZIP **CORAL GABLES FL 33434**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change 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 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: _____

SIGNATURE OF REGISTERED AGENT

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02 305-460-6300
 Date Daytime Phone #

CR2E034 (9/01)