

FILED
Jun 19, 2003 8:00 am
Secretary of State

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05-05-2003 92210 008 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022872			
1. Entity Name AR & B DRYWALL, INC.			
Principal Place of Business 749 E 44 ST HIALEAH, FL 33013		Mailing Address 749 E 44 ST HIALEAH, FL 33013	
2. Principal Place of Business 17244 N.W. 48th Ave. Suite, Apt. #, etc.		3. Mailing Address 17244 N.W. 48th Ave. Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33055		Zip 33055	
Country Miami-Dade		Country Miami-Dade	
4. FEI Number 65-1081279 Applied For Not Applicable			
5. Certificate of Status Desired ☒ 60.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LINARES, BARBARA 749 E 44 ST HIALEAH, FL 33013		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17244 N.W. 48th Ave. City Miami FL Zip Code 33055	
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. By: Barbara Linares SIGNATURE <i>[Signature]</i> DATE 4-30-03			
9. I am familiar with the information provided in this report and I certify that it is true and accurate.		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV LINARES, BARBARA 749 E 44 ST HIALEAH, FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17244 N.W. 48th Ave. Miami, Florida 33055 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, ANGEL R 749 E 44 ST HIALEAH, FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17244 N.W. 48th Ave. Miami, Florida 33055 ☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowerment.			
SIGNATURE: <i>[Signature]</i>		4/30/03 780255-0604	