

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90042 035 \*\*\*150.00

**DOCUMENT # F67781**

1. Entity Name

**ACTIVE DRYWALL SOUTH, INC.**

Principal Place of Business

**4444 SW 71 AVE #110  
 MIAMI FL 33155**

Mailing Address

**4444 SW 71 AVE #110  
 MIAMI FL 33155**

2. Principal Place of Business

**4444 SW 71st AVENUE**

3. Mailing Address

**4444 SW 71st AVENUE**

Suite, Apt. #, etc.

**110**

Suite, Apt. #, etc.

**110**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33155**

Country

**USA**

Zip

**33155**

Country

**USA**

4. FEI Number

**59-2151847**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KURLANDER, ADAM, ESQ.  
 1820 NE 163RD STREET  
 N MIAMI BEACH FL 33162**

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

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, 2001 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 **PD** ☐ Delete  
 NAME **KOUSSIAFES, PIERRE**  
 STREET ADDRESS **4762 SW 72ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☐ Delete  
 NAME **ZUCKERMAN, LARRY**  
 STREET ADDRESS **4762 SW 72ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **V.P.** ☐ Delete  
 NAME **ANGELOS B. KOUSSIAFES**  
 STREET ADDRESS **MIAMI FLORIDA**  
 CITY-ST-ZIP **MIAMI FLORIDA**

TITLE **V.P.** ☐ Delete  
 NAME **LAVAL CARON**  
 STREET ADDRESS **MIAMI FLORIDA**  
 CITY-ST-ZIP **MIAMI FLORIDA**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **KOUSSIAFES, PIERRE**  
 STREET ADDRESS **6900 SW 84th STREET**  
 CITY-ST-ZIP **MIAMI, FLORIDA 33143**

TITLE **STD** ☒ Change ☐ Addition  
 NAME **ZUCKERMAN, LARRY**  
 STREET ADDRESS **13280 SW 63 COURT**  
 CITY-ST-ZIP **MIAMI, FLORIDA 33156**

TITLE **V.P.** ☒ Change ☒ Addition  
 NAME **KOUSSIAFES, ANGELOS, B.**  
 STREET ADDRESS **4820 SW 69th AVENUE**  
 CITY-ST-ZIP **MIAMI, FLORIDA 33155**

TITLE **V.P.** ☒ Change ☒ Addition  
 NAME **CARON, LAVAL**  
 STREET ADDRESS **3001 SW 18th Terr**  
 CITY-ST-ZIP **MIAMI, FLORIDA 33315**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **PIERRE KOUSSIAFES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0191423