

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90068 008 ***150.00

DOCUMENT # F67781

1. Entity Name
ACTIVE DRYWALL SOUTH, INC.



Principal Place of Business

**4444 SW 71ST AVE.
110
MIAMI FL 33155**

Mailing Address

**4444 SW 71ST AVE.
110
MIAMI FL 33155**

2. Principal Place of Business

4444 SW 71st Ave

Suite, Apt. #, etc.

#110

City & State

MIAMI FLORIDA

Zip

33155

Country

USA

3. Mailing Address

4444 SW 71st Ave

Suite, Apt. #, etc.

#110

City & State

MIAMI FLORIDA

Zip

33155

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KOUSSIAFES, PIERRE**
STREET ADDRESS **6200 SW 84TH ST.**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **STD** ☐ Delete
NAME **ZUCKERMAN, LARRY**
STREET ADDRESS **13280 SW 63 CT.**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VP** ☐ Delete
NAME **KOUSIAFES, ANGELOS B**
STREET ADDRESS **4820 SW 69TH AVE.**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VP** ☐ Delete
NAME **CARON, LAUAL**
STREET ADDRESS **3001 SW 18TH TERR.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)