

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 183217

1. Entity Name  
ALLIED PLASTERING CO INC

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90813 022 \*\*\*158.75

Principal Place of Business  
9320 SW 26 ST  
RES  
MIAMI FL 33165  
US

Mailing Address  
9320 SW 26 ST  
RES  
MIAMI FL 33165  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0734775  
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

KRUGER, JOEL  
9320 SW 26 STREET  
MIAMI FL 33165

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reappointing)

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	PDS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUGER, JOEL		NAME		
STREET ADDRESS	9320 SW 26 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 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: JOEL KRUGER 4-25-02 305-551-7283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment  
R# 183217

ALLIED PLASTERING COMPANY, INC. 8440

PAY TO THE ORDER OF Florida Dept of State Div. of Corp. 4-25 19 02 63-5871 670

ONE Hundred, Fifty & 00/100 \$150.00/100 DOLLARS

FIRST NATIONAL BANK OF SOUTH MIAMI  
SOUTH MIAMI, FLORIDA 33143

FOR 2002 UBR

VOID

⑈008440⑈ +⑈067005873⑈0⑈ 0080053 8⑈

ALLIED PLASTERING COMPANY, INC. 8441

PAY TO THE ORDER OF FL. Dept of State Div. of Corp. 4-25 19 02 63-5871 670

Eight & 00/100 \$8.75/100 DOLLARS

FIRST NATIONAL BANK OF SOUTH MIAMI  
SOUTH MIAMI, FLORIDA 33143

FOR Certificate of Status

VOID VOID

⑈008440⑈ +⑈067005873⑈0⑈ 0080053 8⑈