

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92117 001 *****8.75
05-05-2003 92117 002 ***150.00

DOCUMENT # 183217

1. Entity Name

ARMED PLASTERING CO. INC



DO NOT WRITE IN THIS SPACE

55037706

2. Principal Place of Business

9320 S.W. 26th St.

3. Mailing Address

% JOEL KRUGER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9320 S.W. 26th St.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FLORIDA

4. FEI Number

59-2404116

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

33165

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOEL R. KRUGER

Street Address (P.O. Box Number is Not Acceptable)

9320 S.W. 26th St.

City

MIAMI

FL

Zip Code

33165

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

See Below

(NOTE: Registered Agent signature required when reinstating)

DATE

NA ☒ *No Change Involved*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*P/D
JOEL R. KRUGER
9320 S.W. 26th St.
MIA. FL. 33165*

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *JOEL R. KRUGER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JRKrug

Date

4-28-03

Daytime Phone #

305-551-7283

CR2E034B (12/02)