2000 UNIFORM BUSINESS REPORT (UBR)

OCUMENT # 416026

TXEQUTIVE DRYWALL, INC.

FILED Feb 15, 2000 8:00 am Secretary of State 02-15-2000 90060 049 ***150.00

N.W. 79TH AVE FL 33126		Mailing Address 1535 NW 79 AVENUE MIAMI FL 33126-1103 US		812002		
Principal P	lace of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-1439055 Applied For Not Applicable		
Zip	Country	Zíp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent		
1535	RADE, NARCISO NW 79 AVENUE II FL 33126		Street Addres	ess (P.OBox.Number i <u>s Not Acc</u> eptable)	ļ	
IAITATA	II FL 93120		City	FL Zip Code	İ	
Tax filing r	Signature, typed or printed name of registered age or printed in the printed signature, typed or printed name of registered age or printed in the printed signature. Signature, the printed signature is a signature of the printed signature. Signature, the printed signature is a signature, the printed signature, the printed signature, the printed signature is a signature in the printed signature. The printed signature is a signature is a signature in the printed signature is a signature in the signature is a sig	ble FILE NOW	OTE: Registered Agent signature requirement. /!!! FEE IS \$150.00 2000 Fee will be \$550.06 able to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
	OFFICERS AN	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_	
- ********	PD ANDRADE, NARCISO 5201 SW 87 AV MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2E034 (9/99)	
ADDIDEGE ST-ZIP	VS ANDRADE, PABLO 1535 NW 79 AVENUE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR	
ST ZIP	TVIII-LUVII I L	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	-	
- -		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
Amarge ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		

increase 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 all other like empowered.