

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-08-2001 90042 036 ***150.00

DOCUMENT # 524618

1. Entity Name

ACTIVE DRYWALL, INC.

Principal Place of Business

4444 S.W. 71 AVE. #110
MIAMI FL 33155

Mailing Address

4444 S.W. 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

6. Name and Address of Current Registered Agent

KOUSSIAFES, PIERRE

6200 SW 84 ST.

MIAMI FL 33155

33143

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **P** ☐ Change ☐ Addition
NAME **KOUSSIAFES PIERRE**
STREET ADDRESS **6200 S.W 84 ST.**
CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 *Pierre Koussiafes* **2-5-01** **(305) 665-6311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0190955

CR2E034 (10/00)