

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

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DOCUMENT # *K 14068*

1. Entity Name

*G. A. Plastering Corp.*

**DO NOT WRITE IN THIS SPACE**

FILED  
02 DEC 30 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

*8004 NW 154<sup>th</sup> ST.*

3. Mailing Address

*8004 NW 154<sup>th</sup> ST*

Subj. Apt. #, etc.  
*PMB # 387*

Subj. Apt. #, etc.

*PMB # 387*

City & State

*Miami Lakes, FL*

City & State

*Miami Lakes, FL*

4. FEI Number

*65-0032265*

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Gilberto Aguilera Jr.*

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

*8004 NW 154<sup>th</sup> ST. PMB 387.*

*Miami Lakes, FL FL Zip Code 33016-5814*

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]*

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

(NOTE: Registered Agent signature required when reorganizing)

UAT1

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is **\$150.00**  
After May 1, Fee is **\$350.00**  
Amended UBR is **\$61.25**

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	<i>DPS</i>
NAME	<i>Gilberto Aguilera Jr.</i>
STREET ADDRESS	<i>8004 NW 154<sup>th</sup> ST. PMB 387.</i>
CITY, ST, ZIP	<i>Miami Lakes, FL 33016-5814</i>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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STREET ADDRESS	
CITY, ST, ZIP	

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CR2654812001

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/28/02.*

Date

*page 2 of 2*

G.A. PLASTERING CORP.  
DOC.# K14068

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND TO WAIVE ANY LATE FEES. *(for the 2002)*

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,

*G. Aquila Jr.*  
GILBERTO AQUILA JR.  
PRESIDENT