

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90011 005 ***150.00

DOCUMENT # **PO0000002019**

1. Entity Name **G & S Stucco & Plastering Corp.**

Principal Place of Business Mailing Address
105 Grand Avenue **105 Grand Avenue**
Miami, FL 33133 **Miami, FL 33133**

2. Principal Place of Business 3. Mailing Address
105 Grand Avenue **105 Grand Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL 33133 **Miami, FL**
 Zip Country Zip Country
33133 **Miami-Dade** **33133** **Miami-Dade**

4. FEI Number Applied For
65-0971259 ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Hubert C. Stephen
105 Grand Avenue
Miami, FL 33133

7. Name and Address of New Registered Agent
 Name **Hubert C. Stephen**
 Street Address (P.O. Box Number is Not Acceptable) **105 Grand Ave**
 City **Miami** **FL** Zip Code **33133**

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 **C Stephen** **Pres** **4/12/01**
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change	☐ Addition
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TITLE	☐ Delete		TITLE	☐ Change	☐ 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)(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: **C Stephen** **4/12/01**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)