FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2002 8:00 am P00000002874 **Secretary of State** DOCUMENT # 1. Entity Name 03-06-2002 90060 047 \*\*\*150.00 BAUHAUS DRYWALL INC. Principal Place of Business Mailing Address 2929 SW 16 TERR 2929 SW 16 TERR MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2209485 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNEZ, BENIGNO Street Address (P.O. Box Number is Not Acceptable) 2929 SW 16 TERR ± MIAMI FL 33145 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE - FILE NOW!!! FEE IS \$150.00 •9:=This corporation is eligible to satisfy its:Intangible ⇒ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)TITLE ☐ Delete TITLE ☐ Addition NUNEZ, BENIGNO NAME CR2E034 2929 SW 16 TERR STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP CITY-ST-ZIP X Defete TITLE Change Addition HUNEZ ENPIQUE HERNANDEZ, CARLOS L NAME 2929 Sw 16 Temace STREET ADDRESS 2929 SW 16 TERR STREET ADDRESS FL 33145 MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NUNEZ BARBARA NAME 2929 SU 16 TERENE STREET ADDRESS STREET ADDRESS FL 33145 CITY-ST-ZIP CITY-ST-ZIP 1, DMI TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

SIGNATURE: