

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90190 032 \*\*\*150.00

**DOCUMENT # P00000012068**

1. Entity Name  
**TANIA DRY WALL SPECIALIST INC.**

Principal Place of Business  
**4522 CORAL PALM LANE #3  
 NAPLES FL 34116**

Mailing Address  
**4522 CORAL PALM LANE #3  
 NAPLES FL 34116**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3423 SW 91 AV**  
 Suite, Apt. #, etc.  
**M**

3. Mailing Address  
**3423 SW 91 AV**  
 Suite, Apt. #, etc.

City & State  
**Miami Florida**

City & State  
**Miami Florida**

Zip  
**33165** County  
**USA**

Zip  
**33165** Country  
**USA**

4. FEI Number  
**65-0752157**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ANTUNEZ, VICENTE  
 4522 CORAL PALM LANE #3  
 NAPLES FL 34116**

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: *Antunez* DATE: 4/25/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANTUNEZ, VICENTE</b> <b>4522 CORAL PALM LANE #3</b> <b>NAPLES FL 34116</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Antunez* DATE: 4/25/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)