

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022155

1. Entity Name
D & I STUCCO, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90060 014 ***150.00

Principal Place of Business

Mailing Address

~~2802 WEST 72ND TERRACE~~
~~HIALEAH FL 33018~~

~~2802 WEST 72ND TERRACE~~
~~HIALEAH FL 33018~~

6115 NW 186th Apt 108
Hialeah Fl. 33015

6115 NW 186th Apt. 108
Hialeah Fl 33015.

2. Principal Place of Business

3. Mailing Address

6115 NW 186 street
Suite, Apt. #, etc.
108

6115 NW 186 street
Suite, Apt. #, etc.
108

City & State

City & State

Hialeah FL

Hialeah FL

Zip

Country

33015

Miami-Dade

Zip

Country

33015

Miami-Dade

4. FEI Number

65-0990442

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

CASTRILLO, MARVIN A
~~2802 WEST 72ND TERRACE~~
~~HIALEAH FL 33018~~

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

6115 NW 186th st Apt. 108
City Hialeah FL Zip Code 33015

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 Marvin Castriello.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-01

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 | D | <input type="checkbox"/> Delete |
| NAME | GASTRILLO, MARVIN A | |
| STREET ADDRESS | 2802 WEST 72ND TERRACE | |
| CITY-ST-ZIP | HIALEAH FL 33018 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | president | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Castriello Marvin A | |
| STREET ADDRESS | 6115 NW 186th Apt. 108 | |
| CITY-ST-ZIP | Hialeah Fl 33015 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Marvin Castriello. Marvin A. Castriello

1/12/01

305-970-9648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)