

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 013 ***150.00

DOCUMENT # P00000025154

1. Entity Name
SALGUERO STUCCO, INC.

Principal Place of Business
**5951 ITHACA CIRCLE WEST
 LAKE WORTH FL 33463**

Mailing Address
**5951 ITHACA CIRCLE WEST
 LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address
5951 Ithaca cir West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

Zip

Country

33463

USA

4. FEI Number

65-0991631

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

**SALGUERO, GUSTAVO A -
 5951 ITHACA CIRCLE WEST
 LAKE WORTH FL 33463**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/02

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 15, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SALGUERO, GUSTAVO A	
STREET ADDRESS	5951 ITHACA CIRCLE WEST	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VICENTE, ENRIQUE	
STREET ADDRESS	3759 42ND AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/22/02 561-345-4327

CR25034 110000