

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90442 020 ***150.00

DOCUMENT # **P00000026908**

1. Entity Name

ART WOOD and Drywall, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10259 SW 1ST

Suite, Apt #, etc.

3. Mailing Address

The same

Suite, Apt #, etc.

City & State

Miami, FL

City & State

4. FFI Number

650989470

Applied For

Not Applicable

Zip **33174**

Country **USA**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carmen A Sanchez

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

10259 SW 1ST

City

FL

Zip Code

33174

**DO NOT WRITE
IN THIS SPACE**

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

Carmen A Sanchez

4-15-02

Signature of officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Dorlando L Sanchez
10259 SW 1ST, Miami, FL 33174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other filers, as required.

SIGNATURE:

Dorlando L Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034E (12/01)