

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031967

1. Entity Name

GENERAL DRYWALL, INC.

Principal Place of Business

1777 NORTH 17TH CT.
HOLLYWOOD FL 33020

Mailing Address

NEW ADDRESS
2200 E
~~1777 NORTH 17TH CT.~~ HALLANDALE
~~HOLLYWOOD FL 33020~~ Beach BLVD.
HALLANDALE, FLA.
33009 APT. 106

2. Principal Place of Business

2200 E Hallandale Beh Blvd

3. Mailing Address

Suite, Apt. #, etc.

Apt. 106

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Zip

33009

Country

Broward

Zip

Country

4. FEI Number

65-1005413

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAGAROLO, NICOLA L
1600 SOUTH DIXIE HWY., STE. 501
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name CARLOS A. Di PAOLA
Street Address (P.O. Box Number is Not Acceptable)
2200 E. Hallandale Beach Blvd.
Apt. 106
City Hallandale FL Zip Code 33009

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

1/3/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Daytime Filing #)

1/3/01 (954) 646-2922

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90144 015 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)