

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90016 047 \*\*\*150.00

DOCUMENT # P00000036786

1. Entity Name  
**DRYWALL DE COLOMBIA, INC.**

Principal Place of Business

Mailing Address

5531 NW 112 AV #111  
 MIAMI FL 33178

5531 NW 112 AV #111  
 MIAMI FL 33178

001954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5751 NW 98AV

3. Mailing Address

5751 NW 98AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

Applied For

Not Applicable

Zip

Country

33178

USA

Zip

Country

33178

USA

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

GUTIERREZ DE PINERES, GABRIEL  
 5531 NW 112 AV #111  
 MIAMI FL 33178

Name

Gutierrez de Pineres Gabriel

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

5751 NW 98AV

City

Miami Florida

FL

Zip Code

33178

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 Gabriel Gutierrez de Pineres [Signature] 01/17/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

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          | DP                             | <input type="checkbox"/> Delete |
| NAME           | GUTIERREZ DE PINERES, FERNANDO |                                 |
| STREET ADDRESS | 5531 NW 112 AV #111            |                                 |
| CITY-ST-ZIP    | MIAMI FL 33178                 |                                 |
| TITLE          | DVP                            | <input type="checkbox"/> Delete |
| NAME           | GUTIERREZ DE PINERES, GABRIEL  |                                 |
| STREET ADDRESS | 5531 NW 112 AV #111            |                                 |
| CITY-ST-ZIP    | MIAMI FL 33178                 |                                 |
| 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           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| 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: Gabriel Gutierrez de Pineres [Signature] 01/17/01 (305) 3080101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/00)