

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90264 010 ***150.00

DOCUMENT # P00000046530

1. Entity Name
LGT DRYWALL, INC.

Principal Place of Business
9766 BOGA GARDENS PARKWAY
BOCA RATON FL 33496

Mailing Address
18999 BISCAYNE BLVD. #205
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1775 BLOUNT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 709

City & State
POMPANO BEACH, FL

City & State

4. FEI Number **65-1018647**

Applied For

Not Applicable

Zip
33069

Country

Zip

Country

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

QUINTANILLA, LESTAN

9766 BOGA GARDENS PARKWAY
BOCA RATON FL 33496

Name

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

1775 BLOUNT ROAD

City

UNIT 709
POMPANO BEACH

FL

Zip Code

33069

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]

5/19/02

Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
QUINTANILLA, LESTAN
9766 BOGA GARDENS PARKWAY
BOCA RATON FL 33496 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
3874 LYONS RD. #311
COCONUT CREEK, FL 33073 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-19-02

CR2E034 (9/01)