

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91339 005 ***150.00

DOCUMENT # P00000046985

1. Entity Name

MAG PLASTERING INC.
1550 SW 123 STREET, APT. 104
MIAMI, FL. 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1550 SW 123 STREET

Suite, Apt. #, etc.

104

City & State

MIAMI, FL.

Zip

33161

Country

DADE

3. Mailing Address

1550 SW 123 STREET

Suite, Apt. #, etc.

104

City & State

MIAMI, FL. 33161

Zip

33161

Country

DADE

4. FEI Number

65-1097175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARCO A GONGORA

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

1550 SW 123 STREET, APT. 104

City MIAMI

FL

Zip Code 33161

**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

Signature, typed or 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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
MARCO A GONGORA
1550 SW 123 ST. APT. 104
MIAMI, FL. 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-02

Date

786-247-2066

Daytime Phone #

CR2E034B (12/01)