## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jun 19, 2001 8:00 am Secretary of State DOCUMENT # P0000073402 1. Entity Name\* | Section 10 | Operation 05-15-2001 90143 034 \*\*\*150.00 IJW BROTHERS PLASTERS INC. A ST MIRWAY OF BOTH FOR SHALLOW IN BATE LANGUAGE Principal Place of Business Mailing Address 9915 WEST OKEECHOBEE ROAD 9915 WEST OKEECHOBEE ROAD CORRECTED #5307 #5307 HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE \_ City & State 4. FEI Number Applied For City & State 65-1040240 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 114, 116 Name ROA, IMELDA Street Address (P.O. Box Number is Not Acceptable) 9915 WEST OKEECHOBEE ROAD HIALEAH GARDENS FL 33016 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SVD TITLE Delete Addition ARROLIGA, JOSE L NAME 9915 WEST OKEECHOBEE ROAD #5307 STREET ADDRESS STREET ACCRESS CITY-ST-ZIP HIALEAH GARDENS FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition roa, imelda NAME NAME STREET ADDRESS 9915 WEST OKEECHOBEE ROAD #5307 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33016 Delete ☐ Change Addition TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C:TY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME

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 trusted 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 against, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

ARROLIGZ JOSE L SVD

305-551-1454

FILED

2001	UNIFORM BUSI	NESS REPO	RT (UBI	<b>3</b> )	Attachment	-	
DOCUMENT # P0000073402  1. Entity Name  JW BROTHERS PLASTERS INC. "					P00000073	402	
		Mailing Address					
015 West Okeechobee Road 19307 Naleah Gardens Fl 33016		9915 WEST OKEECHOBEE ROAD #5307 HALEAH GARDENS FL 33016			ORIGIN	AL_	
2. Principal Place of Business 3. Malling Address		3. Malking Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. F	El Number .	<b>→</b>	oplied For
Zip	Country	Zip	Country	5. C	Certificate of Status Desired [	\$8.75 Add	fitional
8. Name and Address of Current Registered Agent			Name	7. N	lame and Address of New Regis	ered Agent	
9015	IMELDA West Okeechobee Road			ddress (P.O. B	ox Number is Not Acceptable)		
#5307 HIALEAH GARDENS FL 33016							
			City			FL Zip Cod	a 
_	named entity submits this statement to	r the purpose of changing its	s registered office or	registered age	ent, or both, in the State of Florida.		
SIGNATURE.	Signature, typed or privide name of registered agent	and little if applicable. (NOT	E: Registered Agent signed	ure required when re	instating)	DATE	
This corporation is eligible to satisfy its Intangible     Tax filing requirement and elects to do so.     (See criteria on back)				10. Election Campaign Financia Trust Fund Contribution.	☐ Added	O May Be I to Fees	
11.	OFFICERS AND	<del></del>	12.	AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZP	SVD ARROLIGA, JOSE L 9015 WEST OKEECHOBEE ROA HIALEAH GARDENS FL 33016	□ Colein D #5307	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C Crange	
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TITLE MAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TIRLE		☐ Delete	TITLE	<u> </u>	······································	☐ Change	Addition

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-DP

<sup>13.</sup> I hereby certify that the information supplied with this filling 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 trusted 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.