P3 182

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04 JUL 26 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076300

1. Entity Name
Classic Plastering, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1350 NW 117 street	1350 NW 117 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33167 Country: Dade	Zip: 33167 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 651032484 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rolando Ruiz Sr.

Street Address (P.O. Number is Not Acceptable): 1350 NW 117th Street

City: Miami FL Zip Code: 33167

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Pres/Sec/Treas/Director
NAME	Rolando Ruiz Sr
STREET ADDRESS	1350 NW 117th Street
CITY-ST-ZIP	Miami, FL 33167
TITLE	Secretary/Director
NAME	Ariel Ruiz
STREET ADDRESS	1350 NW 117th Street
CITY-ST-ZIP	Miami, FL 33167
TITLE	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Rolando Ruiz Sr. 7/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Classic Plastering, Inc.
P000000 76300

To whom it may concern:

I write this letter to request that the penalty fee's be waived for I did not receive any notice by mail. If I may thank you in advance for your time and consideration

Sincerly,