

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0380011 AV

DOCUMENT # P00000088605

1. Entity Name
FH&H DRYWALL FINISH, INC.

03-14-2002 90059 040 ***150.00

Principal Place of Business
335 SE 23RD AVENUE
BOYNTON BEACH FL 33435

Mailing Address
335 SE 23RD AVENUE
BOYNTON BEACH FL 33435



2. Principal Place of Business

401 SE 23RD STREET #B

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number **94-3374572**

Applied For
Not Applicable

Zip

33435

Country

USA

Zip

33435

Country

USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERNANDEZ, JOSE G
335 SE 23RD AVENUE
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name **HERNANDEZ, JOSE G**

Street Address (P.O. Box Numbers Not Acceptable) **401 SE 23RD STREET #B**

City **BOYNTON BEACH** **FL** **Zip Code** **33435**

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02/11/02

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PTD/VPSD** ☐ **Delete**
NAME **HERNANDEZ, JOSE G**
STREET ADDRESS **335 SE 23RD AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **VPSD** ☒ **Delete**
NAME **FLORES, EVERPH ISRAEL**
STREET ADDRESS **335 SE 23RD AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: *[Signature]*
SIGNATURE AND DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/02 **(561) 733 8523**
Date Daytime Phone #

CR2E034 (9/01)