Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -6 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000088605

1. Entity Name

Flt+H Drywall Finish, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
401 SE 23rd Ave Avenue	401 SE 23rd Ave Avenue
Suite, Apt. #, etc. Apt # B	Suite, Apt. #, etc. Apt # B
City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33435 Country Palm Beach	Zip 33435 Country Palm Beach

4. FEI Number 943374572 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jose G. Hernandez

Street Address (P.O. Box Number is Not Acceptable): 401 SE 23rd Avenue, #B Ave

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: X [signature] (Signature for registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/14/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) X

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	Secretary
NAME	Blanca Lisseth Hernandez
STREET ADDRESS	401 SE 23rd Avenue, Apt # B
CITY-ST-ZIP	Boynton Beach, FL 33435

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CR2E034B (12/01)

Filed 4/14/02

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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] José Gilberto Hernandez 4/14/02 (561)733-8523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #