

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90125 025 ***555.00

DOCUMENT # P00000099336

1. Entity Name
SALINAS DRYWALL, INC.

Principal Place of Business

1143 SW 5 ST #4
 MIAMI FL 33130

Mailing Address

1143 SW 5 ST #4
 MIAMI FL 33130

2. Principal Place of Business

6519 SW 21ST
 Suite, Apt. #, etc.

3. Mailing Address

6519 SW 21ST
 Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Miramar FL

Zip

33023

Country

Broward

Zip

33023

Country

Broward

4. FEI Number

65-1060031

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SALINAS, LUIS A
 1143 SW 5 ST #4
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name
 Salinas Luis A
 Street Address (P.O. Box Number is Not Acceptable)
 6519 SW 21ST
 City
 Miramar FL Zip Code
 33023

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

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input type="checkbox"/> Delete
NAME	SALINAS, LUIS A	
STREET ADDRESS	1143 SW 5 ST #4	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02

Date

(786) 586-6284

Daytime Phone #

CR2E034 (4/02)