

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90047 005 \*\*\*150.00

**DOCUMENT # P00000106691**

1. Entity Name

**AMERICAN DRYWALL CORPORATION**

Principal Place of Business

**6485 W 24TH AVE #405  
HIALEAH FL 33016**

Mailing Address

**6485 W 24TH AVE #405  
HIALEAH FL 33016**

2. Principal Place of Business

**2543 W 65 ST.**

3. Mailing Address

**2543 W 65 ST.**

City & State

**Healeah FL.**

City & State

**Healeah FL.**

Zip

Country

**33016**

Zip

Country

**33016**

4. FEI Number

**65-1047796**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHIRINOS, AMADO J.  
6485 W 24TH AVE #405  
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name **Amado Chirinos**  
Street Address (P.O. Box Number is Not Acceptable)  
**2543 W 65 ST.**  
City **Healeah** FL Zip Code **33016**

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)

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
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

TITLE	PT	<input type="checkbox"/> Delete
NAME	CHIRINO, AMADO J	
STREET ADDRESS	6485 W 24TH AVE #405	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ANEZ, WILMER G	
STREET ADDRESS	6715 W 26TH DR #104 BLDG #6	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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 files empowered.

**SIGNATURE:**

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)