FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108456

1. Entity Name
DISCOVERY PARTITION & DAYWALL, CORP.

FILED
02 APR 19 PM 12: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address	4. FEI Number
7610 NW 84 ST	11291 S.W 48 ST	65-1056955 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State: MEdley, Florida	City & State: MIAMI, FLORIDA	
Zip: 33166 Country: USA.	Zip: 33165 Country: U.S.A.	

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7. Name and Address of Current Registered Agent
Name: Luis Rodrigues
Street Address (P.O. Box Number Is Not Acceptable): 1341 S.W 119 CT.
City: MIAMI FL Zip Code: 33184

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: Rodriguez 4/10/02.
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) ☐

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: PRES / SEC NAME STREET ADDRESS CITY-ST-ZIP	ABIMAEL CABRERA 11291 S.W 48 STREET MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600005348216--6
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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: ABIMEL CABRERA 4/10/02 786 255-3889
Date Daytime Phone #