

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90052 031 ***150.00

DOCUMENT # P01000005090

1. Entity Name

D.G DRYWALL, INC.

Principal Place of Business

**1200 SW 52 AVE. BLDG 1. #202
 N LAUDERDALE FL 33068**

Mailing Address

**1200 SW 52 AVE. BLDG 1. #202
 N LAUDERDALE FL 33068**

2. Principal Place of Business

7713 SW 9th ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Northern Lauderdale

City & State

Florida

Zip

33068

Country

Zip

Country

4. FEI Number

04-3617502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

JOEL RIVERA, MIGUEL

**1200 SW 52 AVE, BLDG 1, #202
 N LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Miguel Joel Rivera

77 SW 9th St

N. Lauderdale FL

Zip Code 33068

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)

3/13/02

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 **P** ☐ Delete
 NAME **JOEL RIVERA, MIGUEL**
 STREET ADDRESS **1200 SW 52 AVE, BLDG 1, #202**
 CITY-ST-ZIP **N LAUDERDALE FL 33068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Miguel Joel Rivera**
 STREET ADDRESS **7713 SW 9th St**
 CITY-ST-ZIP **N. Lauderdale FL 33068**

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

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02 (454) 718-9873

Date

Daytime Phone #

CR2E034 (9/01)