## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: (

## DOCUMENT # P01000059947 **Secretary of State** 01-24-2002 90163 023 \*\*\*150.00 HIGHLAND DRYWALL INC. Principal Place of Business Mailing Address 29911 SW 148 CT 29911 SW 148 CT HOMESTEAD FL 33033 HOMESTEAD FL 33033 12. 23.4 2. Principal Place of Business 3. Mailing Address 29911 SW. 148 CT SAME Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1117475 DMESTEAD Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOMERO RODRIGUEZ, GERMAN ess (P.O. Box Number is Not Acceptable) SW · 148 CT · 29911 SW 148 CT **HOMESTEAD FL 33033** HALF THE TOTAL LINE OMESTEAD 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT (9/01) TITLE TITLE GERMAN RODRIGUEZ DAVID A ROMERO 7NAME 299115W.148 CT. CR2E034 STREET ADDRESS STREET ADDRESS 29911 5W-148 CT-CITY-ST-ZIP HOMESTEAD, FL. 33033 CITY-ST-ZIP HOMESTEAD, FL. 3303 TITLE DUE Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP--CITY ST-74P Delete TITLE ☐ Addition Channe NAME NAME STREET ADDRESS 223900A (33852) CITY-ST-ZIP CITY-ST-ZIP THILF TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED Mar 10, 2002 8:00 am