

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90971 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089692

1. Entity Name

PROFESSIONAL STUCCO OF SOUTH FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1527 NW 157TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1527 NW 157TH AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-1138556

Applied For

Not Applicable

Zip
33028

Country

Zip
33028

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSE E. MELENDEZ

Street Address (P.O. Box Number is Not Acceptable)

1527 NW 157TH AVENUE

City

PEMBROKE PINES

FL

Zip Code

33028

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
JOSE E. MELENDEZ
1527 NW 157TH AVENUE
PEMBROKE PINES, FL 33028**

TITLE
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE E. MELENDEZ, DIRECTOR,

Date

4/27/03 954 392 601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)