

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90068 018 \*\*\*150.00

003416 AV

**DOCUMENT # P02000034181**

1. Entity Name

**ROBERTO REYES DRYWALL, INC.**



Principal Place of Business  
**6631 SW 7 PLACE  
NORTH LAUDERDALE FL 33066**

Mailing Address  
**6631 SW 7 PLACE  
NORTH LAUDERDALE FL 33066**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1067720**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYES, ROBERTO**

**6631 SW 7 PLACE**

**NORTH LAUDERDALE FL 33066**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
REYES, ROBERTO  
6631 SW 7 PLACE  
NORTH LAUDERDALE FL 33066** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

80141782

PO2000034181

August 19, 2003

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

Dear Sir or Madam:

This letter is to inform you that we never receipt the UBR/2003 for our corporations:

~~Roberto Reyes Drywall, Inc.~~

R.E.J. Canoas Drywall, Inc.

Jeremex Drywall, Inc.

We feel very sorry for this inconvenient. We request that you accept the regular fee to file the UBR/2003.

We appreciate your help and look forward to hiring from you.

Sincerely



ROBERTO REYES

President



MARIA DEL CARMEN AGUILAR

President