FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 91799 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000061534

1. Entity Name
DLT PLASTERING, INC.

55046154

Principal Place of Business
1800 W 49 st #334
Hialeah, Fl 33012

Mailing Address
1800 W 49 st #334
Hialeah, Fl 33012

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1800 W 49 st #334		1800 W 49 st	
Suite, Apt. #, etc. 334 suite		Suite, Apt. #, etc. 334 suite	
City & State Hialeah, Fl		City & State Hialeah, Fl	
Zip 33012	Country U.S.A	Zip 33012	Country U.S.A

4. FEI Number 04-3685313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Honorio Piedrahita
15066 SW 104 st #1503
Mia, Fl 33196

7. Name and Address of New Registered Agent
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 x Honorio Piedrahita 05-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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. / Julian De la Torre / 14472 SW 168 St / Mia-Fl 33177 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Honorio Piedrahita / 15066 SW 104 st #1503 / Mia-Fl 33196 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: x Honorio Piedrahita 05-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #