

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90152 042 ***150.00

DOCUMENT # P02000069821

1. Entity Name
ADVANTAGE METAL DRYWALL FINISHING INC.



Principal Place of Business

**2712 SUNSHINE BLVD
MIRAMAR FL 33023**

Mailing Address

**2712 SUNSHINE BLVD
MIRAMAR FL 33023**

2. Principal Place of Business

6590 West 24 CT

Suite, Apt. #, etc.
Bldg 24 Unit 104

City & State
Hialeah

Zip **FL** Country **33016**

3. Mailing Address

6590 West 24 CT

Suite, Apt. #, etc.
Bldg 24 Unit 104

City & State
Hialeah

Zip **FL** Country **33016**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0629794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Edel Dominguez**

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

6590 West 24 CT

Bldg 24 Unit 104

City **Hialeah**

FL

Zip Code **33016**

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

1/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **DP** ☐ Delete
NAME **DOMINGUEZ, EDEL**
STREET ADDRESS **6590 WEST 24TH CT APT #104**
CITY-ST-ZIP **HIALEAH FL 33016**

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

TITLE **DV** ☒ Delete
NAME **RODRIGUEZ, RENE**
STREET ADDRESS **2712 SUNSHINE BLVD**
CITY-ST-ZIP **MIRAMAR FL 33023**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

1/29/03

CR2E034 (10/02)