

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90231 034 ***150.00

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DOCUMENT # P02000092367

1. Entity Name
H R GYPSUM DRY WALL INTERIOR FINISH, CORP.



Principal Place of Business
1057 NW 4 ST APT 1
MIAMI FL 33128

Mailing Address
1057 NW 4 ST APT 1
MIAMI FL 33128



2. Principal Place of Business

3. Mailing Address

1057 NW 4 St #1

1057 NW 4 St #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Miami FL

Miami FL

4. FEI Number

03-0483839

Applied For

Not Applicable

Zip
33128

Country
USA

Zip
33128

Country
USA

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

CORONADO, NESTOR
7360 CORAL WAY STE 21
MIAMI FL 33155

Name

Herbert O. Villafuerte

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

1057 NW 4 St #1

City

Miami

FL

Zip Code

33128

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)

4/14/03

DATE

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	D	<input type="checkbox"/> Delete
NAME	VILLAFUERTE, HERBERT O	
STREET ADDRESS	1057 NW 4 ST APT 1	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLAFUERTE, RAFAEL A	
STREET ADDRESS	1057 NW 4 ST APT 1	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

4/14/03 NONE

CR2E034 (10/02)