## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Aug 14, 2003 8:00 am Secretary of State P02000100417 DOCUMENT # 08-14-2003 90073 010 \*\*\*150.00 1. Entity Name WILLIAM DRYWALL INC. Principal Place of Business Mailing Address **4245 SW 4 STREET 4245 SW 4 STREET** MIAMI FL 33134 MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ. WILLAIMN Street Address (P.O. Box Number is Not Acceptable) 4245 SW 4 STREET / **MIAMI FL 33134** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$\$50.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE □ Detete TITI F **⊠** Change NAME EREZ WILLIAM NAME 9052 5W 27 51 STREET ADDRESS 9052 SW 276 IREET STREET ADDRESS CITY-ST-ZIP MAMI FE 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -3 🖃 "Delete − ☐ Addition TITLE TITLE. Change NAME NAME STREET ADDRESS STREET ADDRESS

CHY-ST-ZIP 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 pecivier 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED LIAM PEREZ Pres. 08-08-03

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## Attachment# 801381091 Mame aug 8/03 P02000100417

Division of Corporation Tallahassee, F1.32.302

> Pef. DOCUMENT &P 02000 100417 WILLIAM DRYWALL INC.

I did not receive 2003 Form for Profit Confr. (IIBR)

for filing before may 1/03, and I received now a form but

with a fee of \$550.00 instead of \$100.00, I was to see an

accountant and He told me that it is a famility. I went

to tell your Something, this is a small Conforation with only one
sherebolder, I don't have are accountant, I stooled doing business

last year in noulor and in Defor had losses.

I was thinking to close the Confinction, but I decided to maintain it open, may be their year I can much business, because I have some projects running.

I think it is a reasonable caused spay & ND.00 mstead \$150.00, because I do not receive the form, may be the letter carrier left in another place

I beg you listen my petition and accept my day near of \$100.00, that I am attacking with this letter and the 2003 (UBR)

Thank you in advanced, and I hope resola this matter.

Villiam Pases William Pases Dresident 42 45 SW U St. Drugger JP. 33134