

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **022000100727**

1. Entity Name

PLA STERERS "ARB" US, INC



FILED

04 JAN -2 PH 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8404 N ROME AVE

3. Mailing Address

8404 N Rome Ave

State, Apt. #, etc.

LOT #3

State, Apt. #, etc.

LOT #3

City & State

TAMPA FL

City & State

Tampa, FL

Zip

33604

Country

USA

Zip

33604

Country

USA

3. FE Number

76-0712199

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Edward Pineda**

City **Tampa**

FL

Zip Code **33604**

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

Edward Pineda

500025199525
12/03/03--01070--012 **150.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

OFFICER	NAME	STREET ADDRESS	CITY-STATE-ZIP
11.1	DIRECTOR		
11.2	EDWARD PINEDA		
11.3	8404 N ROME AVE LOT #3		
11.4	TAMPA, FL 33604		
11.5			
11.6			
11.7			
11.8			
11.9			
11.10			
11.11			
11.12			
11.13			
11.14			
11.15			
11.16			
11.17			
11.18			
11.19			
11.20			

12.1	NAME	STREET ADDRESS	CITY-STATE-ZIP
12.2			
12.3			
12.4			
12.5			
12.6			
12.7			
12.8			
12.9			
12.10			
12.11			
12.12			
12.13			
12.14			
12.15			
12.16			
12.17			
12.18			
12.19			
12.20			

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 130.01(1)(b), Florida Statutes. I further certify that the information indicates that the report or supplemental report is true and accurate and that my signature will have the same legal effect as if made under oath, that I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 207, Florida Statutes; and that my name appears in Block 10 or on an attachment to this report, with all other like empowered.

SIGNATURE:

Edward Pineda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page 1

CR200348 (12/02)

Plasterers Are Us inc

8404 N Rome Ave L-3

Tampa, FL. 33604

(813) 932-7364

482

11/28/03

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL. 32314

Re: Tax ID 76-0712199

Dear Sir or Madam:

I received a letter at the end of September indicating that my corporation had been dissolved for not sending in ~~the~~ my paperwork. I had never received a letter prior to the one I received in September. This is my first year as a corporation and I was not aware that I should be looking for a letter from you. I now know if I do not receive anything from you by March that I should be contacting someone at the state department. Please accept the enclosed check for the amount of \$150.00 as payment to keep my corporation in force.

Sincerely,
Edward Pineiro
Edward Pineiro