FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1952

DOCUMENT # P03000067107

1. Entity Name

BERISTAIN GROUTING SERVICE, CORP
1944 SUNSHINE BLVD, APT. A
NAPLES, FL. 34116

FILED
04 OCT 28 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2004 WOP
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 56-2370904 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BERISTAIN, ANTONIO

Street Address (P.O. Box Number is Not Acceptable): 1944 SUNSHINE BLVD, APT A

City: NAPLES, FL. 34116 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERISTAIN, ANTONIO 1944 SUNSHINE BLVD, APT A NAPLES, FL. 34116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042282693 10/28/04--01035--019 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 10/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

282

NAPLES FL OCT 25, 2004

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE FL 32302-1500

DEAR SIR/MADAM:

PLEASE WAIVE LATE FEE OF $400.00 AS I DID NOT RECEIVE ANNUAL REPORT.

I HAVE ENCLOSE A ECHEC FOR $150.00 ALONS WITH THE UNIFORM BUSINESS REPORT FOR 2004.

IF THERE ARE ANY QUESTIONS, PLEASE CONTRACT ME AT 239-821-3285

THANKS VERY MUCH

ANTONIOBERISTAIN