

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

[Handwritten signature]

REINSTATEMENT 2004

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		56-2370904		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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	Zip Code
NAPLES, FL. 34116	FL

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS			
TITLE	PSD	TITLE	
NAME	BERISTAIN, ANTONIO	NAME	
STREET ADDRESS	1944 SUNSHINE BLVD, APT A	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34116	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

300042282699
10/28/04--01035--019 **150.00

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: *[Handwritten signature]* 10/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

282

NAPLES FL OCT 25, 2004

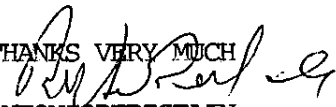
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE FL 32302-1500

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