FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 10, 2006 08:00 AM Secretary of State

DOCUMENT # P03000122897					Secretary of State		
J & D Drywall,Painting & Fire Stop Systems,Corp.							
	DO NOT WRITE	IN THIS S	PAC	E			
	Place of Business 78 Terrace	3. Mailing Address 6841 SW 78 Terrace					
Suite, Apt		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat South Mia		City & State South Miami.FI		4. FEI Number 20-0350543 Applied For Not Applicable			
[₹] ₽ 33143	Country Miami-Dade	33143			5. Certificate of Status Desired Fee Required Fee Required		
			7. Name and Address of Current Registered Agent				
DO MOT MOITE				Name Lazaro D Tabares			
DO NOT WRITE IN THIS SPACE				Street Address	s (P.O. Box Number is Not Acceptable)		
				6841 SW 78 Terrace			
				City South		Zip Code 33143	
	named entity surjmits this statement of floris of registered agent.	the purpose of changing i	its registered	d office or registe	ered agent, or both, in the State of Florida 1.	am familiar with, and accept	
SIGNATURE	Fig. solver i hygist by privined name to regulareren egent s	nd title II sectionide	OTE Requestated	Anorth should ma your in-	2 - 7	-06	
Sy alura type of provided name of registered agent and the Happineside (NOTE Registered Agent signature required January 1 - Way 1 Fee is \$150,00					S. A. W. S. L. SHEDWAY S. P. S. A. W. S. S. W. S. S. S. W. S.		
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Slection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		1	· · · · · · · · · · · · · · · · · · ·		11.7.7.7.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
TITLE			गार				
HAME	6841 SW 78 Terrace	#1 #	NAME		• •	****	
STREET ADDRESS	South Miami,FI 33143		•	ADDRESS	U0000042 87 04		
CITY-ST-ZIP			CITY-S	<u> </u>		58 005 150.00 	
MILE NAME	■ 1		TIPLE				
STREET ADDRESS			STREET ADORESS				
CHY-ST-AP	T-AF		City-8	57- ZIP			
TIME			TITLE				
NAME STREET ADURESS	i		HAME STRUT ADDRESS				
CITY-ST-ZIP			CITY-8	1	DO NOT WRITE		
TITLE		, , , , , , , , , , , , , , , , , , , ,	MLE		IN THIS SPA	ACE	
NAME			HAME		וא וחוס סרי	40に	
STEEFT ADDRESS CITY-ST-ZIP			STREET GITY-E	I ADDRESS			
TITLE			TITLE	71 - 74			
NAME			NAME	***************************************	-		
STREET ADDRESS			STREET	ADDRESS			
SEY-SI-ZIP			GiTY-S	57-202	and to And to the Manufacture of		
HILLE			TITL*				
name Siple? Address			NAME STREET ADDRESS		·		
CIFY-ST-ZIP			GSIY-S	· · · i		,	
12. I hereby	certify that the information supplied with	this filing does not qualify t	for the exem	ption stated in S	ection 119.07(3)(i), Florida Statutes. I further	certify that the Information	
of the cor attachme	on this report or supplemental report is poration or the receiver or trustee empirit with an address, with all other like em	wise and accurate and that owered to execute this rep powered.	ı my sıgnatu xon as requi	re snall have the red by Chapter (ection 119.07(3)(i), Florida Statutes. I furthur same legal effect as if made under oath, th 607, Florida Statutes, and that my name app	at i am an officer or director tears in Block 10 or on an	