

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90648 025 \*\*\*150.00

DOCUMENT # P03000137491

1. Entity Name

TEGUCIGALPA DRYWALL FINE, CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2178 N.W. 18th Avenue

3. Mailing Address  
2178 N.W. 18

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Florida

City & State  
Miami Florida

4. FEI Number  
54-2133869

Applied For  
Not Applicable

Zip 33142

Country U.S.A.

Zip 33142

Country U.S.A.

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

**54031426**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
RAFAEL BANEGAS

Street Address (P.O. Box Number is Not Acceptable)

2178 N.W. 18th Avenue

City Miami - FL Zip Code 33142

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BANEGAS, RAFAEL 2178 NW 18 Avenue Miami FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FUENTES, PAULA ELVIRA 2178-NW 18 Avenue Miami FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rafael Banegas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (305) 547-2133  
Date Daytime Phone #

CR2E034B (12/01)