## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P93000025250** 1. Entity Name PETES ACCOUSTICAL CEILING, INC. 04-12-2000 90050 029 \*\*\*150.00 Principal Place of Business Mailing Address 3905 NW 67 TERRACE 5710 SW 58TH CT HOLLYWOOD FL 33024 DAVIE FL 33314-7470 2. Principal Place of Business 3. Mailing Address SW 38 TER 5710 4600 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE DAVIE City & State City & State FF LAUDERDALE Applied For 4. FEI Number 65-0227145 100 RiDA Not Applicable BROWARD \$8.75 Additional 5. Certificate of Status Desired 3312 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEteR AGUIAR, PETER W Street Address (P.O. Box Number is Not Accepta 3905 NW 67 TERRACE HOLLYWOOD FL 33024 <sup>ZiQC</sup>9<sup>d</sup>3/ ) LAUDERDA/E 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY\_1 2000 Fee will be:\$550:00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4600 SW38 TER Ft. LAUD ERDAIT F1 3337)
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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 Block 12 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

Margarete Clanican
SIGNATURE AND TYPED OR PRINTED NAME OF SKINNING OFFICER OR DIRECTOR

1/7/00 954-964-5779

Daytime Phone #