

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91180 010 ***150.00

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DOCUMENT # P93000025250

1. Entity Name

PETES ACCOUSTICAL CEILING, INC.



Principal Place of Business

4600 SW 38 TERRACE
FORT LAUDERDALE FL 33312
US

Mailing Address

4600 SW 38TH TERRACE
FORT LAUDERDALE FL 33312
US

2. Principal Place of Business

4297 NW 76 AVE

3. Mailing Address

4297 NW 76 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number 65-0227145

Applied For

Not Applicable

Zip 33024

Country BROWARD

Zip 33024

Country BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AGUIAR, PETER W
4600 SW 38 TERRACE
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

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

4297 NW 76 AVE

City DAVIE

FL

Zip Code 33024

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 MARGARETE AGUIAR

5/1/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME AGUIAR, PETER W
STREET ADDRESS 4600 SW 38TH TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS 4297 NW 76 AVE
CITY-ST-ZIP DAVIE FL 33024 ☒ Change ☐ Addition

TITLE SD
NAME AGUIAR, MARGARETE
STREET ADDRESS 4600 SW 38 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS 4297 NW 76 AVE
CITY-ST-ZIP DAVIE FL 33024 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/03 954-499-8104

CR2E034 (10/02)