

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P499000014926

1. Entity Name

C.C. DRYWALL SERVICES, INC.

Principal Place of Business

Mailing Address

2741 NE. 214th TERRACE
AVENTURA, FL 33180

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0897018

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORMA RODRIGUEZ
2741 NE 214 TERRACE
AVENTURA, FL 33180

Name

MARCOS O. VADO

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

2741 NE 214 TERRACE

City

AVENTURA

FL

Zip Code

33180

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 *Marcos O. Vado*

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME MARCOS O. VADO ☐ Delete
STREET ADDRESS 2741 NE 214th TERRACE
CITY-ST-ZIP AVENTURA, FL 33180

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

TITLE S/D
NAME NORMA RODRIGUEZ ☒ Delete
STREET ADDRESS 2741 NE 214th TERRACE
CITY-ST-ZIP AVENTURA, FL 33180

TITLE S/D
NAME MARCOS O. VADO ☐ Change ☒ Addition
STREET ADDRESS 2741 NE 214th TERRACE
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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 empowered.

SIGNATURE: *Marcos O. Vado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/00
Date

(305) 486-8948
Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90032 042 ***158.75



DO NOT WRITE IN THIS SPACE