

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070224

1. Entity Name

FAST DRYWALL CORPORATION

Principal Place of Business

10000 SW 72 STREET  
#323  
MIAMI FL 33173  
US

Mailing Address

10000 SW 72 STREET  
#323  
MIAMI FL 33173  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10952 SW 75TH TERR.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip

Country

33173

None

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 13 AM 9:09

03-06-01 90362 049 \$750.00



DO NOT WRITE IN THIS SPACE

00-01

4. FEI Number 65-0443440

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, DIANA  
10300 SW 72 STREET #323  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Diana E. Fernandez* / President

4/9/01

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

|                |                                |                                            |
|----------------|--------------------------------|--------------------------------------------|
| TITLE          | PD                             | <input type="checkbox"/> Delete            |
| NAME           | FERNANDEZ, DIANA               |                                            |
| STREET ADDRESS | 10300 SW 72 STREET SUITE 323   |                                            |
| CITY-ST-ZIP    | MIAMI FL                       |                                            |
| TITLE          | VPSD                           | <input type="checkbox"/> Delete            |
| NAME           | FERNANDEZ, ROBERTO             |                                            |
| STREET ADDRESS | 10300 SW 72ND STREET SUITE 323 |                                            |
| CITY-ST-ZIP    | MIAMI FL                       |                                            |
| TITLE          | D                              | <input checked="" type="checkbox"/> Delete |
| NAME           | ROMERO, MAURICIO               |                                            |
| STREET ADDRESS | 10300 SW 72ND STREET STE 323   |                                            |
| CITY-ST-ZIP    | MIAMI FL                       |                                            |
| TITLE          | D                              | <input checked="" type="checkbox"/> Delete |
| NAME           | SANCHEZ, VICTOR                |                                            |
| STREET ADDRESS | 10300 SW 72ND STREET STE 323   |                                            |
| CITY-ST-ZIP    | MIAMI FL                       |                                            |
| TITLE          |                                | <input type="checkbox"/> Delete            |
| NAME           |                                |                                            |
| STREET ADDRESS |                                |                                            |
| CITY-ST-ZIP    |                                |                                            |
| TITLE          |                                | <input type="checkbox"/> Delete            |
| NAME           |                                |                                            |
| STREET ADDRESS |                                |                                            |
| CITY-ST-ZIP    |                                |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |                                                                   |
|----------------|---------------------|-------------------------------------------------------------------|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 800004014318        |                                                                   |
| STREET ADDRESS | -04/17/01--01108--  |                                                                   |
| CITY-ST-ZIP    | ***150.00 ***150.00 |                                                                   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                                                   |
| STREET ADDRESS |                     |                                                                   |
| CITY-ST-ZIP    |                     |                                                                   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                                                   |
| STREET ADDRESS |                     |                                                                   |
| CITY-ST-ZIP    |                     |                                                                   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                                                   |
| 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.

SIGNATURE:

*Diana E. Fernandez*

305-270-8480

Date Device Phone #