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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012842 (8)

1. Corporation Name
UNITED CEILING, INC.

Principal Place of Business

14634 N.W. 26TH AVE.
MIAMI FL 33054

Mailing Address

14634 N.W. 26TH AVE.
MIAMI FL 33054-3126



2. Principal Place of Business

21 Suite, Apt #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0472430

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATTERSON, DERMOTT
1411 N.W. 198TH ST.
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person in place of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME PATTERSON, DERMOTT E
STREET ADDRESS 1411 NW 198 ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/D ☒ Change ☒ Addition
1.2 NAME Marcia Patterson
1.3 STREET ADDRESS 1411 NW 198 ST
1.4 CITY-ST-ZIP MIAMI FL 33169

2.1 TITLE Vice President/D ☒ Change ☐ Addition
2.2 NAME Dermott Patterson
2.3 STREET ADDRESS 1411 NW 198 ST
2.4 CITY-ST-ZIP MIAMI FL 33169

3.1 TITLE Director/S ☐ Change ☒ Addition
3.2 NAME Zilda Gayle
3.3 STREET ADDRESS 971 NW 200 Terr
3.4 CITY-ST-ZIP MIAMI FL 33169

4.1 TITLE Director/T ☐ Change ☒ Addition
4.2 NAME James Arscott
4.3 STREET ADDRESS 12826 Peconic Court
4.4 CITY-ST-ZIP West Palm Bch, FL 33414

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zilda Gayle 1-8-97 (305)687-3393

Date

Daytime Phone #

CR2E034 (9/96)