

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001910

1. Entity Name

ACTION CEILING CORPORATION

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90024 033 \*\*\*150.00

Principal Place of Business

65 WEST. 53 TERRACE U-A  
HIALEAH FL 33012

Mailing Address

65 WEST. 53 TERRACE U-A  
HIALEAH FL 33012-2742

2. Principal Place of Business

65 WEST, 53 TERR. U-B  
Suite, Apt. #, etc.

3. Mailing Address

65 WEST, 53 TERR. U-B  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FL. 33012

City & State

HIALEAH, FL

4. FEI Number

65-0546957

Applied For

Not Applicable

Zip

33012

Country

MIAMI-DADE

Zip

33012

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEZCANO, PEDRO  
65 WEST 53RD TERRACE., U-A  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

PEDRO LEZCANO

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

65 WEST, 53RD TERRACE, U-B

City

HIALEAH, FLORIDA FL

Zip Code

33012

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

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

TITLE SD ☒ Delete  
NAME TABOADA, CAROLINA  
STREET ADDRESS 1570 WEST 56TH PLACE  
CITY-ST-ZIP HIALEAH FL 33012

TITLE TD ☒ Delete  
NAME LEZCANO, MIGUEL  
STREET ADDRESS 1570 WEST 56TH PLACE  
CITY-ST-ZIP HIALEAH FL 33012

TITLE P ☒ Delete  
NAME LEZCANO, PEDRO  
STREET ADDRESS 65 W. 53RD TERRACE., U-A  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE PST ☒ Change ☐ Addition  
NAME LEZCANO, PEDRO  
STREET ADDRESS 65 W. 53RD TERRACE U-B  
CITY-ST-ZIP HIALEAH, FL-33012

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

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

TITLE ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE:

LEZCANO, PEDRO PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-7-00 (205) 823-8436

Daytime Phone #

CR2E034 (9/99)