2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90963 014 ***150.00

DOCUMENT # P95000001910

1. Entity Name
ACTION CEILING CORPORATION

Principal Place of Business	Mailing Address
1570 WEST, 56 PLACE HIALEAH, FL. 33012	1570 WEST, 56 PLACE HIALEAH, FL. 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1570 WEST, 56 PLACE Suite, Apt. #, etc.
City & State	City & State HIALEAH, FL. 33012
Zip / Country	Zip 33012 / Country MIAMI DADE

4. FEI Number 65-0546957 ☐ 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
LEZCANO PEDRO 65 WEST, 53RD TERRECE U.B. HIALEAH, FL. 33012	Name MIGUEL D. LEZCANO Street Address (P.O. Box Number is Not Acceptable) 14311 LAKE SARANAC AVE MIAMI LAKES City FL Zip Code 33014

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 _____ MIGUEL D. LEZCANO 2-28-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST LEZCANO PEDRO 65 W. 53 TERRACE U.B HIALEAH, FL. 33012	☒ Delete	PST LEZCANO MIGUEL D. 14311 LAKE SARANAC AVE MIAMI LAKES, FL. 33014-3062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ (MIGUEL D. LEZCANO) 2-28-03 (305) 778-7745