

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90016 006 ***150.00

DOCUMENT # P95000014546

1. Entity Name

MANDY'S DRYWALL & STUCCO CORPORATION

Principal Place of Business

**2450 SW 137 AVE
 SUITE 211
 MIAMI FL 33175
 US**

Mailing Address

**2450 SW 137TH AVE
 SUITE 211
 MIAMI FL 33175
 US**

2. Principal Place of Business

2414 SW 137 Avenue

3. Mailing Address

2414 SW 137TH Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

MIAMI, FLORIDA

4. FEI Number

65-0559964

Applied For

Not Applicable

Zip

Country

33175 MIAMI-Dade

Zip

Country

33175 MIAMI-Dade

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

**GUTIERREZ, CARIDAD
 220 S.W. 123RD AVENUE
 MIAMI FL 33148**

Name

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

City

FL

Zip Code

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **GUTIERREZ, CARIDAD**
 CITY-ST-ZIP **220 S.W. 123RD AVENUE
 MIAMI FL 33148**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Caridad Gutierrez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-2002

CR2E034 (9/01)