

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085556

1. Entity Name

PROFESSIONAL CEILINGS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90110 033 ***150.00

Principal Place of Business

7391 S.W. 32ND ST.
MIAMI FL 33155
US

Mailing Address

7391 S.W. 32ND ST.
MIAMI FL 33155-4141
US

2. Principal Place of Business

4290 S.W. 84 COURT

3. Mailing Address

4290 S.W. 84 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0625806

Applied For

Not Applicable

Zip

33155

Country

U.S.

Zip

33155

Country

U.S.

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

PORRASPIA, MANUEL
121 WEST 7 ST.
APT. D-15
HIALEAH FL 33010

Name

FRANCISCO GOMEZ

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

4290 S.W. 84 COURT

City

MIAMI

FL

Zip Code

33155

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

Francisco Gomez FRANCISCO GOMEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-5-2000

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 P
NAME PORRASPIA, MANUEL
STREET ADDRESS 121 W. 7 ST.
CITY-ST-ZIP HIALEAH FL ☐ Delete

TITLE P
NAME FRANCISCO GOMEZ
STREET ADDRESS 4290 S.W. 84 COURT
CITY-ST-ZIP MIAMI FLA 33155 ☒ Change ☐ Addition

TITLE T
NAME RIVERO, LETICIA
STREET ADDRESS 702 E. 30 ST.
CITY-ST-ZIP HIALEAH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Francisco Gomez FRANCISCO GOMEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000

Date

305-2261603

Daytime Phone #

CR2E034 (9/99)