

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087462

1. Entity Name

FORTALEZA PLASTERING CORP.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90136 047 ***150.00

Principal Place of Business

10000 NORTHWEST 80 COURT, SUITE 2212
HIALEAH GARDENS FL 33016

Mailing Address

10000 NORTHWEST 80 COURT, SUITE 2212
HIALEAH GARDENS FL 33016

2. Principal Place of Business

State, Apt. #, etc.

3. Mailing Address

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FCI Number

65-0618960

App. as for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

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 (App. Code)

(NOTE: Registered Agent Signature required when registering)

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, 2001 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	PSTD	☐ Delete
NAME	SACRAMENTO, JOSE ALEXANDRE SR.	
STREET ADDRESS	10000 NORTHWEST 80 COURT, SUITE 2212	
CITY-STATE-ZIP	HIALEAH GARDENS FL 33016	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-001-305-5572264

Date

CR2004 (10.00)