

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/25

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**  
 03-29-2000 90003 021 \*\*\*150.00

**DOCUMENT # P96000014440**

1. Entity Name

DAVID'S INSTALLATIONS, INC.

Principal Place of Business

4858 SW 75 AVE  
 MIAMI FL 33155  
 US

Mailing Address

4858 SW 75 AVE  
 MIAMI FL 33155-4437  
 US

2. Principal Place of Business

4858 SW 75 AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

33155 U.S.A.

Zip

Country

4. FEI Number

65-0643170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SARMIENTO, ~~NAME~~ NIDIA  
 4862 SW 75 AVE  
 MIAMI FL 33155

7. Name and Address of New Registered Agent

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, 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 P  
 NAME SARMIENTO, ~~NAME~~ NIDIA  
 STREET ADDRESS 4862 SW 75 AVE  
 CITY-ST-ZIP MIAMI FL 33155  
 PRESIDENT

TITLE SD  
 NAME RUANO, SR, FELIX  
 STREET ADDRESS 2755 SW 25 TER  
 CITY-ST-ZIP MIAMI FL 33133

TITLE TD  
 NAME IGLESIAS, SR, GILBERTO  
 STREET ADDRESS 13855 SW 106TH TER  
 CITY-ST-ZIP MIAMI FL 33186  
 TREASURER

TITLE  
 NAME CARLOS PEREZ  
 STREET ADDRESS 15601 NW 88 Ave  
 CITY-ST-ZIP MIAMI FL 33172  
 SECRETARY

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 CITY-ST-ZIP

TITLE  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)