

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90131 023 ***150.00

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DOCUMENT # P96000069169

1. Entity Name
PRICE PLASTERING INC.



Principal Place of Business

4651 SW 64 CT.
MIAMI FL 33155

Mailing Address

4651 SW 64 CT.
MIAMI FL 33155

2. Principal Place of Business

8820 SW 96 ST

Suite, Apt. #, etc.

3. Mailing Address

8820 SW 96 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

Zip

33176

Country

4. FEI Number

65-0689422

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

CORONADO, NESTOR
7360 CORAL WAY, STE. 21
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPS ☐ Delete
NAME PRICE, ROBERT
STREET ADDRESS 4651 SW 64 CT.
CITY-ST-ZIP MIAMI FL 33155

TITLE ☒ Change ☐ Addition
NAME PRICE, ROBERT
STREET ADDRESS 8820 SW 96 ST
CITY-ST-ZIP MIAMI FL 33176

TITLE SD ☐ Delete
NAME PRICE, REBECCA B
STREET ADDRESS 4651 S.W. 64 CT.
CITY-ST-ZIP MIAMI FL 33155

TITLE ☒ Change ☐ Addition
NAME PRICE, REBECCA B
STREET ADDRESS 8820 SW 96 ST
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

4/30/03

Date

305-2796377

Daytime Phone #

CP2E034 (10/02)