

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90432 043 ***150.00

DOCUMENT # **P97000035067** ✓

1. Entity Name

M.F. FLORES Drywall Inc

Principal Place of Business

Mailing Address

5100 SW 6th ST
Margate FL 33068

2. Principal Place of Business

3. Mailing Address

5100 SW 6th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Margate FL

Zip

Country

Zip

Country

33068

U.S.A.

4. FEI Number

65-0745424

Applied For

Not Applicable

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

Manuel Flores
5100 SW 6th ST
Margate FL 33068

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)

4/29/00

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	Manuel Flores	<input type="checkbox"/> Delete
NAME	Manuel Flores	
STREET ADDRESS	5100 SW 6th ST	
CITY-ST-ZIP	Margate FL 33068	
TITLE	U.P.	<input type="checkbox"/> Delete
NAME	Francisca Tazada	
STREET ADDRESS	5100 SW 6th ST Margate	
CITY-ST-ZIP	FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4/29/00