

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041106

1. Entity Name

JBP ACOUSTICAL CEILING, INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90190 044 ***150.00

Principal Place of Business

Mailing Address

1810 S.W. 69TH AVENUE
FL 33155

1810 S.W. 69TH AVENUE
MIAMI FL 33155-1745

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0752954

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

COLON, VANETT
2900 S.W. 80 AVENUE
MIAMI FL 33155

Name

Guillermo Diaz

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

12035 SW 14 ST. Unit # 104

City

MIAMI

FL

Zip Code

33184

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8. 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD	COLON, VANETT	<input checked="" type="checkbox"/> Delete
ST-ZIP	2900 S.W. 80TH AVENUE MIAMI FL 33155	
VSD	MESA, MARCELO	<input type="checkbox"/> Delete
ST-ZIP	6474 S.W. CORAL WAY MIAMI FL 33155	
PD	PERALTA, JOSE B	<input type="checkbox"/> Delete
ST-ZIP	1810 S.W. 69 AVENUE MIAMI FL 33155	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERALTA JOSE B.	
STREET ADDRESS	1810 SW 69 Ave.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERALTA, MARIA R.	
STREET ADDRESS	1810 SW 69 Ave.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-14-00

305-261-4865

CR2E034 (9/99)