

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096596

1. Entity Name

MPI DRYWALL DIVISION, INC.

Principal Place of Business

2116 NORTH DIXIE HIGHWAY
HOLLYWOOD FL 33020

Mailing Address

2116 NORTH DIXIE HIGHWAY
HOLLYWOOD FL 33020

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 65-0796871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, NOEL E
14335 TABEBUIA LN
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

JAIME MEZA

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

5734 NW 101 CT.

City

MIAMI

FL

Zip Code

33178

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 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, 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 PSD
NAME VARGAS, NOEL E
STREET ADDRESS 14335 TABEBUIA LN
CITY-ST-ZIP MIAMI LAKES FL 33014 ☒ Delete

TITLE VD
NAME MEZA, JAIME A
STREET ADDRESS 5734 NW 101 CT
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PSD
NAME JAIME A. MEZA
STREET ADDRESS 5734 NW 101 CT.
CITY-ST-ZIP MIAMI, FL. 33178 ☒ Change ☐ Addition

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

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

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

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

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 #

4/6/01 (954) 922-9396

CR2E034 (10/00)

0104117

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90016 035 ***150.00



DO NOT WRITE IN THIS SPACE