

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005187

1. Entity Name  
M.N.J. DRYWALL INC.

Principal Place of Business  
571 BOSTICK RD  
BRADENTON FL 33834

Mailing Address  
PO BOX 1064  
WAUCHULA FL 33813

*Bradenton Fla.*

2. Principal Place of Business

3. Mailing Address

*571 Bostick Rd.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Bowling Green Fla 33834*

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NAVARRO, MOISES  
571 BOSTICK RD  
BOWLING GREEN FL 33834

7. Name and Address of New Registered Agent

Name *Herlinda Navarro*

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

*571 Bostick Rd*

*Bowling Green Fla 33834*

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]*

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

(NOTE: Registered Agent signature required when reinstating)

*5-15-01*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **NAVARRO, MOISES**  
STREET ADDRESS **571 BOSTICK RD**  
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE **S** ☐ Change ☒ Addition  
NAME **Herlinda Navarro**  
STREET ADDRESS **571 Bostick Rd**  
CITY-ST-ZIP **Bowling Green Fl.**

TITLE **V** ☐ Delete  
NAME **NAVARRO, NOE**  
STREET ADDRESS **PO BOX 902**  
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE **S** ☒ Change ☐ Addition  
NAME **S. Benavidez Juan**  
STREET ADDRESS **213 Riverside Dr.**  
CITY-ST-ZIP **Wauchula**

TITLE **S** ☒ Delete  
NAME **BENAVIDEZ, JUAN**  
STREET ADDRESS **213 RIVERSIDE DR**  
CITY-ST-ZIP **WAUCHULA FL 33873**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-15-01*

Date

*8637670424*

Daytime Phone #

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90020 047 \*\*\*150.00

**80058404**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0814238**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)