

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005943

1. Entity Name
C.R. DRYWALL & INTERIORS CORP.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90088 034 ***550.00

Principal Place of Business
11762 SW 15 STREET
MIAMI FL 33184
US

Mailing Address
11762 SW 15 STREET
MIAMI FL 33184
US

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 65-0806327

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, CLAUDIO A
11762 SW 15 STREET
MIAMI FL 33184

Name RODRIGUEZ, CLAUDIO A

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

1021 SW 136th Pl

City MIAMI

FL

33184

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)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME RODRIGUEZ, CLAUDIO
STREET ADDRESS 11762 SW 15 STREET
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE PD
NAME CLAUDIO A RODRIGUEZ
STREET ADDRESS 1021 SW 136th Pl
CITY-ST-ZIP MIAMI FL 33184 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

CLAUDIO A. RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 04/2000 305-5547675
Date Daytime Phone #

CR2E034 (5/00)