

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P98000008330

A.R.T DRYWALL ENTERPRISES, INC.



FILED

03 OCT - 3 AM 8:25

SEC
TALL

STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14260 S.W. 136 ST

3. Mailing Address

14260 S.W. 136 ST

Suite, Apt. #, etc.

17

Suite, Apt. #, etc.

17

City & State

MIAMI FL.

City & State

MIAMI, FL.

4. FEI Number

650811971

Applied For

Not Applicable

Zip

33186

Country

U.S.

Zip

33186

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

REINSTATEMENT

03

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TATIANA J DEL REY

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

14260 S.W. 136 ST

#17

City

MIAMI

FL

Zip Code

33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ADOLFO TELVES
14260 S.W. 136 ST #17
MIAMI, FL. 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
JECENIA AGUIAR
14260 S.W. 136 ST #17
MIAMI, FL. 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ARMANDO TELVES
14260 S.W. 136 ST #17
MIAMI, FL. 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RODRIGO TELVES
14260 S.W. 136 ST #17
MIAMI, FL. 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
TATIANA DEL REY
14260 S.W. 136 ST #17
MIAMI, FL. 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
NORFA TELVES
14260 S.W. 136 ST #17
MIAMI, FL. 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or on an attachment with an address, and all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-03 / 301/252-2545

Date

Daytime Phone #

CR2E034B (12/02)

m 10/6

ANNUAL REPOR SECTION
TALLAHASSEE, FL

AS PER OUR TELEPHONE CONVERSATION ON 09-22-03, WE
ARE SENDING YOU \$150.00 PLUS \$8.75. WE DID NOT RECEIVE YOUR
LETTER.

YOU TOLD US WE ONLY HAD TO PAY \$150.00 PLEASE, SEND US BACK THE
PAPER WORK NEXT DAY SERVICE.


THANK YOU