

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000020454**

1. Entity Name

**P+B Stucco, Inc.**

Principal Place of Business

Mailing Address

**P & B STUCCO, INC**  
511 N.E. 74th STREET  
MIAMI, FLORIDA 33138

**P & B STUCCO, INC**  
511 N.E. 74th STREET  
MIAMI, FLORIDA 33138

2. Principal Place of Business

3. Mailing Address

**P & B STUCCO, INC**

**P & B STUCCO, INC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**511 N.E. 74th STREET**

**511 N.E. 74th STREET**

City & State

City & State

**MIAMI, FLORIDA 33138**

**MIAMI, FLORIDA 33138**

Zip

Country

**U.S.A**

Zip

Country

**U.S.A**

4. FEI Number

**65-0817815**

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

**PRESNEL RAPHAEL**  
511 N.E. 74th STREET  
MIAMI, FLORIDA 33138

Name **PRESNEL RAPHAEL**

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

**511 N.E. 74th STREET**  
**MIAMI, FLORIDA 33138**

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]* **05-15-2000**

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 \$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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete  
NAME  
STREET ADDRESS **511 N.E. 74th STREET**  
CITY-ST-ZIP **MIAMI, FLORIDA 33138**

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

TITLE **TREASURER** ☐ Delete  
NAME  
STREET ADDRESS **511 N.E. 74th STREET**  
CITY-ST-ZIP **MIAMI, FLORIDA 33138**

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

TITLE **SECRETARY** ☐ Delete  
NAME  
STREET ADDRESS **511 N.E. 74th STREET**  
CITY-ST-ZIP **MIAMI, FLORIDA 33138**

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

**MAY 15, 2000 305-389-6181**

Date

Daytime Phone #

CR2E034 (9/99)