

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020493

1. Entity Name
VILLANUEVA DRYWALL, CORP.

Principal Place of Business
6709 FICUS DR
MIRAMAR FL 33023

Mailing Address
6709 FICUS DR
MIRAMAR FL 33023

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 65-0818818

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

CHAVEZ, ANGEL
6709 FICUS DR
MIRAMAR FL 33023

Name

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

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, 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, 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 CHAVEZ, ANGEL
STREET ADDRESS 6709 FICUS DR
CITY-ST-ZIP MIRAMAR FL 33023

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

TITLE D ☐ Delete
NAME CHAVEZ, OTILLA
STREET ADDRESS 6709 FICUS DR
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☒ Change ☐ Addition
NAME Chavez, Otilia
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CHAVEZ-VATTY, OTILLA
STREET ADDRESS 6709 FICUS DR
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☒ Change ☐ Addition
NAME Chavez, Otilia
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CHAVEZ, ANGEL JR.
STREET ADDRESS 6709 FICUS DR
CITY-ST-ZIP MIRAMAR FL 33023

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90821 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

4-27-01 954-328-9413