

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90241 045 ***150.00

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FP

DOCUMENT # P98000021938

1. Entity Name
"SI" PLASTER CORPORATION, INC.



Principal Place of Business
12190 N.W. 98TH AVE
BAY 2
HIAKEAH GARDESN FL 33016

Mailing Address
12190 N.W. 98TH AVE
BAY 2
HIAKEAH GARDESN FL 33016



2. Principal Place of Business

8105 W. 31 AVE.
Suite, Apt. #, etc.

3. Mailing Address

8105 W. 31 AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number 65-0821143

Applied For
Not Applicable

Zip Country
33016 US

Zip Country
33016 US

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

6. Name and Address of Current Registered Agent

SEGURA, SERGIO I
12190 N.W. 98TH AVE
BAY 2
HIAKEAH GARDESN FL 33016

7. Name and Address of New Registered Agent

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. 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

4-21-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SEGURA, SERGIO I
STREET ADDRESS 12190 N.W. 98TH AVE
CITY-ST-ZIP HIAKEAH GARDESN FL 33016

TITLE
NAME
STREET ADDRESS 8105 W. 31 AVENUE
CITY-ST-ZIP Hialeah, FL. 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED

4-21-03

305-823-9154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)