

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90112 047 ***150.00

DOCUMENT # P98000039559

1. Entity Name

GH FORCE WALLCOVERING, INC.

Principal Place of Business

Mailing Address

21531 NW 8TH CT
PEMBROKE PINES FL 33029

21531 NW 8TH CT
PEMBROKE PINES FL 33029

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 65-0832431

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

SQUILLACE, LORENZA
1156 N.W. 171 TERRACE
PEMBROKE PINES FL 33028

Name Luis E. Odicio
Street Address (P.O. Box Number is Not Acceptable)
2246 N.W. 160 Terrace
City Pembroke Pines FL Zip Code 33028

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

04.25.2001

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	HIDALGO, GUSTAVO	1156 N.W. 171 TERRACE	PEMBROKE PINES FL 33028	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SQUILLACE, LORENZA	1156 N.W. 171 TERRACE	PEMBROKE PINES FL 33028	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	HIDALGO, MARIA	1156 N.W. 171 TERRACE	PEMBROKE PINES FL 33028	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

04.25.01 (954)436-3851

Date

Daytime Phone #

CR2E034 (10/00)