

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91400 018 ***150.00

DOCUMENT # P98000039559

1. Entity Name
GH FORCE WALLCOVERING, INC.



Principal Place of Business
**21531 NW 8TH CT
PEMBROKE PINES FL 33029**

Mailing Address
**21531 NW 8TH CT
PEMBROKE PINES FL 33029**

2. Principal Place of Business
21510 NW 4th place
Suite, Apt. #, etc.

3. Mailing Address
21510 NW 4th place
Suite, Apt. #, etc.

City & State
PEMBROKE PINES -FL.
Zip
33029

City & State
PEMBROKE PINES -FL.
Zip
33029

4. FEI Number
65-0832431

☒ Apply For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ODICIO, LUIS E
2246 NW 160 TERRACE
PEMBROKE PINES FL 33028**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HIDALGO, GUSTAVO**
STREET ADDRESS **1156 N.W. 171 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **VP** ☐ Delete
NAME **HIDALGO, ROSA VICTORIA**
STREET ADDRESS **21531 NW 8TH CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **SD** ☐ Delete
NAME **HIDALGO, MARIA**
STREET ADDRESS **1156 N.W. 171 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **HIDALGO, GUSTAVO**
STREET ADDRESS **21510 NW 4th place**
CITY-ST-ZIP **PEMBROKE PINES - FL. 33029**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **HIDALGO, MARIA**
STREET ADDRESS **21510 NW 4th place**
CITY-ST-ZIP **PEMBROKE PINES - FL. 33029**

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

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

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

SIGNATURE: **SIGNATURE OF GUSTAVO HIDALGO** **04.25.03** **(954) 436-3851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)