

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062634

1. Entity Name

CREATION DRYWALL, INC.

Principal Place of Business

15629 SW 73RD CIRCLE TERR
APT. 92
MIAMI FL 33193

Mailing Address

15629 SW 73RD CIRCLE TERR
APT. 92
MIAMI FL 33193-1839

2. Principal Place of Business

7124 SW 151 CT
Suite, Apt. #, etc.

3. Mailing Address

7124 SW 151 CT
Suite, Apt. #, etc.

City & State
Miami Florida

Zip Country
33193 U.S.A

City & State
Miami Florida

Zip Country
33193 U.S.A

4. FEI Number 59-3522575

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

FIALLO, ABEL
A5629 SW 73 STREET TR
#92
MIAMI FL 33193

Name Abel Fiallo
Street Address (P.O. Box Number is Not Acceptable)
7124 SW 151 CT
City Miami FL Zip Code 33193

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	FIALLO, ABEL	15629 SW 73RD CIRCLE TERR APT. 92 MIAMI FL 33193	<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"/>
				<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 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90010 019 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)