

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA8000077086**

1. Entity Name
Rio Drywall, INC.

Principal Place of Business Mailing Address
**3502 N. Powerline Rd # 497
Pompano Beach, FL 33069.**

2. Principal Place of Business Suite, Apt. #, etc. **Same**
3. Mailing Address Suite, Apt. #, etc. **Same**

City & State Zip Country City & State Zip Country

4. FEI Number **650874320**
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**Corporation Service Company
1201 Hays Street
Tallahassee FL 32301-2525**

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.
SIGNATURE **Monica Cavêdo** DATE **4-22-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
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		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CAVEDO MONICA	
CITY-ST-ZIP	3883 NW 1 drive Deerfield Bch FL 33442	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Luizman Cavêdo	
CITY-ST-ZIP	3883 NW 1 drive Deerfield Beach FL 33442	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Vanderlei GARAJAN	
CITY-ST-ZIP	6165 Seminole Terrace Margate, FL 33063	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800003258618-4	
CITY-ST-ZIP	-05/19/00-01012-006	
	****150.00 ****150.00	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Monica Cavêdo** DATE **04.21.00** DAYTIME PHONE # **(954) 7258433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
AND
FILED

00 MAY -2 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)