

2001 UNIFORM BUSINESS REPC RT (UBR)

DOCUMENT # **P98000097242**

1. Entity Name
STH PLASTERING INC.

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90293 026 ***150.00

Principal Place of Business Mailing Address

4861 N.W. 8th DRIVE
PLANTATION, FL. 33317

2. Principal Place of Business

3. Mailing Address

4861 N.W. 8th DRIVE
Suite, Apt. #, etc.

4861 N.W. 8th DRIVE
Suite, Apt. #, etc.

C0070375

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FL.

City & State
PLANTATION, FL.

4. FEI Number
65-0877551

Applied For
Not Applicable

Zip
33317

Country
U.S.A.

Zip
33317

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

ANTOINE ST HILAIRE
4861 N.W. 8th DRIVE
PLANTATION, FL. 33317

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

Signature, typed or printed name of registered agent and title if applicable.

(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!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR
ANTOINE ST HILAIRE
4861 N.W. 8th DRIVE
PLANTATION, FL. 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY/DIRECTOR
FELIX ST HILAIRE
51 N.E. 64th STREET
MIAMI, FL. 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT/DIRECTOR
EMMANUEL ST HILAIRE
4861 N.W. 8th DRIVE
PLANTATION, FL. 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: **Antoine St Hilaire**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-01 954-992-1250

Date

Daytime Phone #

CR2E034 (11/00)