

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90181 033 \*\*\*150.00

**DOCUMENT # P98000103983**

**1. Entity Name**  
**MEGA DRYWALL, INC.**



**Principal Place of Business**  
**227 NW 85 CT.**  
**MIAMI FL 33126**

**Mailing Address**  
**227 NW 85 CT.**  
**MIAMI FL 33126**

**2. Principal Place of Business**  
**227 NW 85 CT**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**227 NW 85 CT**  
**Suite, Apt. #, etc.**

**City & State**  
**MIAMI FLA.**

**City & State**  
**MIAMI FLA.**

**4. FEI Number** **65-0888049**

**Applied For**  
**Not Applicable**

**Zip** **33126** **Country** **USA**

**Zip** **33126** **Country** **USA**

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

**6. Name and Address of Current Registered Agent**

**HERRERA, JULIO**  
**750 SW 7 STREET #2**  
**MIAMI FL 33130**

**7. Name and Address of New Registered Agent**

**Name** **JULIO HERRERA**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**227 NW 85 CT**  
**City** **MIAMI** **FL** **Zip Code** **33126**

**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** *[Signature]* **JULIO HERRERA**

**03-07-03**

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

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

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ **Delete**  
**NAME** **HERRERA, JULIO**  
**STREET ADDRESS** **750 SW 7 STREET #2 227 NW 85 CT**  
**CITY-ST-ZIP** **MIAMI FL 33130 MIAMI FL 33126**

**TITLE** **P** ☐ **Delete**  
**NAME** **HERRERA, JULIO**  
**STREET ADDRESS** **227 NW 85 CT**  
**CITY-ST-ZIP** **MIAMI FL 33126**

**TITLE** ☐ **Delete**  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**   
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**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]* **JULIO HERRERA**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**03-07-03 (305) 439-2839**

Date

Daytime Phone #

CR2E034 (10/02)