

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000011228**

1. Entity Name

FLORIDA FIRE STOPPING, INC.**FILED**
Jun 15, 2001 8:00 am
Secretary of State

05-03-2001 91130 018 ***150.00

Principal Place of Business 16800 SW 78 PLACE MIAMI FL 33157	Mailing Address P.O. BOX 558455 MIAMI FL 33255
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-1099620	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ALONSO, GASTON JR 16800 SW 78 PLACE MIAMI FL 33157	
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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!!! FEE IS \$150.00 After MAY 1, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONSO, GASTON JR 16800 SW 78 PLACE MIAMI FL 33157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ALONSO, GASTON H 16800 SW 78 PLACE MIAMI FL 33157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: *A. Alonso* **V.P.** **4-25-01 (305) 253-8887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/00)

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

Do not write beyond this line
New Address _____
City _____ State _____ Zip _____
Telephone Number () _____

Form 8109-C (Rev. 12-2000)

Employer Identification Number (EIN)

65-1099620 230412 3 2

OMB No. 1545-0257

FLORIDA FIRE STOPPING INC
PO BOX 558455
MIAMI FL 33255-8455

INTERNAL REVENUE SERVICE CENTER
ATLANTA, GA 39901

Send FTD Address Change and correspondence to the IRS address above.

Attachment
7382

P99000011228