

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90198 017 \*\*\*150.00

**DOCUMENT# P99000011889**

**1. Entity**  
**ALL-IN-ONE DRYWALL, INC.**



**Principal Place of**  
**196 SE 10 COURT**  
**DEERFIELD BEACH FL 33441**

**Mailing**  
**196 SE 10 COURT**  
**DEERFIELD BEACH FL 33441**

**2. Principal Place of Business**  
**1840 JAMES AVE # 22**

**3. Mailing Address**  
**1840 JAMES AVE # 22**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**MIAMI BEACH, FL**

**City & State**  
**MIAMI BEACH, FL**

**4. FEI Number**  
**65-0889702**

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

**Zip**  
**33139**

**Country**  
**USA**

**Zip**  
**33139**

**Country**  
**USA**

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

☐ **CHECK HERE IF MAKING CHANGES**

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

**MARRERO, ORLANDO**  
**196 SE 10 COURT**  
**DEERFIELD BEACH FL 33441**

**7. Name and Address of Now Registered**

**Name**  
**MARRERO, ORLANDO**  
**Street Address (P O Box Number is Not Acceptable)**  
**1840 JAMES AVE # 22**

**City**  
**MIAMI BEACH, FL** **FL** **Zip Code**  
**33139**

**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**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 may Be Added to Fees**  
**Trust Fund Contribution**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ **Delete**  
**NAME** **PVST**  
**STREET ADDRESS** **MARRERO, ORLANDO**  
**CITY - ST - ZIP** **1840 JAMES AVE # 22**  
**MIAMI BEACH, FL 33139**

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

**TITLE** ☐ **Delete**  
**NAME** **D**  
**STREET ADDRESS** **MARRERO, ORLANDO**  
**CITY - ST - ZIP** **1840 JAMES AVE # 22**  
**MIAMI BEACH, FL 33139**

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

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**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 qualified 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**04/02/03 (954) 520-3156**

**Date Daytime Phone #**