DOCUMENT # P99000014926

Entity Name

C.C. DRYWALL SERVICES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90051 008 ***158.75

Principal Place of Business
2741 NE 214th. Terrace
AVENTURA Fl. 33180

Mailing Address

Principal Place of Business: Same
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0897018 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORMA RODRIGUEZ
2741 NE 214th. Terrace
AVENTURA, FL. 33180

7. Name and Address of New Registered Agent

Name: MARCOS O. VADO
Street Address (P.O. Box Number is Not Acceptable): 2741 NE 214th. Terrace
City: AVENTURA **FL** Zip Code: 33180

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.

M O Vado
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

04/01/00
DATE

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, 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
P/D	MARCOS O. VADO 2741 NE 214 Ter. Aventura, Fl. 33180 ST. ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
S/D	NORMA RODRIGUEZ 2741 NE 214 Ter. Aventura, Fl. 33180 ST. ZIP	☑ Delete	TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	MARCOS O. VADO 2741 NE 214th. Terrace Aventura, Fl. 33180 ☐ Change ☒ Addition
	ST. ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	ST. ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	ST. ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	ST. ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: M O Vado 04/01/00 (305) 446-8948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #