

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90020 024 ***150.00

DOCUMENT # P99000024465

1. Entity Name

MG DRYWALL SYSTEMS, INC.

Principal Place of Business

Mailing Address

888 S.E. 3RD AVENUE
 SUITE 400
 FORT LAUDERDALE FL 33316

888 S.E. 3RD AVENUE
 SUITE 400
 FORT LAUDERDALE FL 33316-1159

ADDU1004

2. Principal Place of Business

15407 WEST DIXIE HWY
 Suite, Apt. #, etc.

3. Mailing Address

15407 WEST DIXIE HWY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

650903198

Applied For

Not Applicable

Zip
33162

Country
USA

Zip
33162

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BEHAR, LARRY J
888 S.E. 3RD AVENUE
SUITE 400
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

CHRISTIAN GAGNON

Street Address (P.O. Box Number is Not Acceptable)

15407 WEST DIXIE HWY

City

NORTH MIAMI BEACH

FL

Zip Code

33162

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

01.04.2000

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

(NOTE: Registered Agent signature required when reinstating)

GENERAL MANAGER DATE

LARRY J. BEHAR

CHRISTIAN GAGNON

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, 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

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEHAR, LARRY J	
STREET ADDRESS	888 S.E. 3RD AVENUE SUITE #400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN GAGNON	
STREET ADDRESS	15407 WEST DIXIE HWY	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL, 33162	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUC GAGNON	
STREET ADDRESS	2250 LEON HARNEL, SUITE 200	
CITY-ST-ZIP	QUEBEC, PQ, G1N 4L2, CANADA	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL GAGNON	
STREET ADDRESS	2250 LEON HARNEL, SUITE 200	
CITY-ST-ZIP	QUEBEC, PQ, G1N 4L2, CANADA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHEL GAGNON, PRESIDENT

Date

1/6/2000

Daytime Phone #

(305) 944 7107

CR2E034 (9/99)