FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am Secretary of State DOCUMENT # P99000039281 1. Entity Name 03-21-2001 90063 004 ***150.00 OLIVARES DRYWALL, INC. Mailing Address Principal Place of Business 575 N.W. 33RD STREET 575 N.W. 33RD STREET 00036397 MIAMI FL 33127 MIAMI FL 33127 3. Mailing Address 249 LA PAZ DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ONY & State Applied For i & State 4. FEI Number 65-0917319 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Age noises PEREZ, MOISES 575 N.W. 33RD STREET **MIAMI FL 33127** 8. The above name a entity submits this statement for the purpose of changing its registered office or reg tered agent, or both, in the State of Florida SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be _ Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Addition TITLE ☐ Delete TITLE **Change** EPBZ, MOISES NAME PEREZ, MOISES NAME STREET ADDRESS STREET ADDRESS 575 N.W. 33RD STREET CITY-ST-ZIP -CITY-ST-ZIP MIAMI FL 33127 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

BRB Z

SIGNATURE