

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90038 005 ***150.00

DOCUMENT # P99-0000-41153

1. Entity Name
J.M.F Drywall INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

11201 SW 55 STREET

Suite, Apt. #, etc.

391/N9

City & State

MIRAMAR, FLORIDA

Zip

33025

Country

USA

3. Mailing Address

11201 SW 55 STREET

Suite, Apt. #, etc.

391/N9

City & State

MIRAMAR, FLORIDA

Zip

33025

Country

BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0920256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JUAN M. FUENTES

11201 SW 55 STREET #391/N9

MIRAMAR, FL 33025

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.

JUAN M. FUENTES

(NOTE: Registered Agent signature required when reinstating)

4/5/00

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, 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 ☐ Delete

PRESIDENT
JUAN M. FUENTES
11201 SW 55 ST #391/N9
MIRAMAR, FL 33025

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN M. FUENTES

4/5/00

305-623-3951

Date

Daytime Phone #

CR2E034 (9/99)