## **2001 UNIFORM BUSINESS REPORT (UBR)** May 03, 2001 8:00 am Secretary of State DOCUMENT # P99000041153 1. Eqtity Name J.M.F. DRY WALL INC. 05-03-2001 90057 027 \*\*\*150.00 Principal Place of Business Mailing Address 11201 SW 55TH STREET 11201 SW 55TH STREET 391/N9 391/N9 MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address 5440 Fillmone STREOT 5440 FILLMONE STICET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0920256 6/14wood Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3021 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUENTES, JUAN M Street Address (P.O. Box Number is Not Acceptable) 11201 SW 55TH STREET 391/N9 MIRAMAR FL 33025 Zig Code 2 pose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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: (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Addition TITLE FUENTES, JUAN NAME NAME STREET ADDRESS STREET ADDRESS 11201 SW 55ST #391/N9 CITY-ST-ZIF CITY-ST-ZIP MIRAMAR FL 33025 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - ☐ Addition TITLE . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee suppo-changed, or on an attachment with an address. If the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if accuratela 4/0/2001 SIGNATURE: \_ SIGNATURE AND TYPED OR PRINCED NAME OF