2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am DOCUMENT # P9900056624 **Secretary of State** QUALITY REMODELERS AND DRYWALL INC. 02-08-2000 90131 007 ***150 00 Principal Place of Business Mailing Address 4015 NW 105TH AVE 4015 NW 105TH AVE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-2372 2. Principal Place of Business 3. Mailing Address -Suite, Apt. #, etc.-Suite, Apt. #, etc. 🜊 DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 0927134 Applied For City & State City & State Not Appe Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAYNE GALINSKI GALINSKY, WAYNE Street Address (P.O. Box Number is Not Acceptable) 4015 NW 105TH AVE CORAL SPRINGS FL 33065 CoRAL SPRINGS submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The SIGNATUR inted name of registered agent and title if applicable (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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE GALIASKI, WAYNE YOIS NW 105 TH AUR GALINSKY, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 4015 NW 105TH AVE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** TITLE Change TITLE Delete NAME RUBIN, L'ARRY ---NAME STREET ADDRESS STREET ADDRESS 130 NW 65TH AVE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ ∆dditic ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additic ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Additic TITLE NAME 经国际公司 色谱 STREET ADDRESS STREET ADDRESS 386 安康·法内 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like expowered.

SIGNATURE:

SIGNATURE AND TYPED AD PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00_

954-345-2903

Daytime Phone #