

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064593

1. Entity Name

MAR DRYWALL CORPORATION OF BOCA

Principal Place of Business

1575 NW 13 ST APT 602  
BOCA RATON FL 33486

Mailing Address

1575 NW 13 ST APT 602  
BOCA RATON FL 33486-1128

2. Principal Place of Business

1745 NW 4 AVE

Suite, Apt. #, etc.

#2

City & State

Boca Raton FL

Zip

33432

Country

Pal Beach

3. Mailing Address

1745 NW 4 AVE

Suite, Apt. #, etc.

#2

City & State

Boca Raton

Zip

33432

Country

Pal Beach

6. Name and Address of Current Registered Agent

RAMOS, MARCOS  
1575 NW 13 ST APT 202  
BOCA RATON FL 33486

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.

(NOTE: Registered Agent signature required when reinstating)

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	PSD	<input type="checkbox"/> Delete
NAME	RAMOS, MARCOS	
STREET ADDRESS	1575 NW 13 ST APT 602	
CITY-ST-ZIP	BOCA RATON FL 33486	
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, MARCOS	
STREET ADDRESS	1745 SW 4 AVE #2	
CITY-ST-ZIP	Boca Raton FL 33432	
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		
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90030 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)