

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91623 004 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000072398

1. Entity Name
RSN DRYWALL INC.

Principal Place of Business
341 S.W. FLAGAMI BOULEVARD
MIAMI FL 33144

Mailing Address
341 S.W. FLAGAMI BOULEVARD
MIAMI FL 33144

2. Principal Place of Business
341 Flagami Boulevard
 Suite, Apt. #, etc.

3. Mailing Address
341 Flagami Boulevard.
 Suite, Apt. #, etc.

City & State
Miami FL.

City & State
Miami FL.

4. FEI Number
65-0947332

Applied For
☐ Not Applicable

Zip
33144

Zip
33144

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZO, ROBERTO
341 S.W. FLAGAMI BOULEVARD
MIAMI FL 33144

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
VD
 NAME **QUARDADO, NELSON**
 STREET ADDRESS **5910 S.W. 59TH ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
VD
 NAME **QUARDADO, SALVADOR**
 STREET ADDRESS **5910 S.W. 59TH ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
PD
 NAME **LAZO, ROBERTO**
 STREET ADDRESS **341 S.W. FLAGAMI BOULEVARD**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 NAME
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-02 (305) 807-7124

Date

Daytime Phone #

CR2E034 (9/01)