

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90902 040 ***150.00

DOCUMENT # P99000082883

1. Entity Name
J.A. DRYWALL, INC.

Principal Place of Business
267 NE 43 STREET
POMPANO BEACH FL 33064

Mailing Address
4440 NE 2ND AVE.
POMPANO BCH FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
267 NE 43 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pompano Beach FL 33064

4. FEI Number **65-0950808**

Applied For
Not Applicable

Zip

Country

Zip

Country

33064 Broward

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

BORJA, MARIA D
267 NE 43ND STREET
POMPANO BCH FL 33064

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	BORJA, MARIA DE LOS A	
STREET ADDRESS	4440 NE 2ND AVE.	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORJA, MARIA DE LOS A	
STREET ADDRESS	4440 NE 2ND AVE.	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ATIENZO, JORGE	
STREET ADDRESS	267 NE 43RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

Signature Required

4-1202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)