6/22
6/* 7.

FILED
Aug 22, 2001 8:00 am
Secretary of State

06-22-2001 90004 029 ***150.00
07-19-2001 90235 050 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097196

1. Entity Name
ZAMORA DRYWALL FINISH, INC

(LA)

Principal Place of Business	Mailing Address
5755 N.W. 58TH AVENUE #1107 TAMARAC FL 33319	5755 N.W. 58TH AVENUE #1107 TAMARAC FL 33319

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8221 SW 6 CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: N. Lauderdale FL		City & State	
Zip: 33068	Country	Zip	Country

4. FEI Number 65-0959175 — Applied For / Not Applicable

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
ZAMORA, AMADOR G 5755 N.W. 58TH AVENUE #1107 TAMARAC FL 33319	Name: Zamora Amador G Street Address (P.O. Box Number is Not Acceptable): 8821 SW 6 CT City: N. Lauderdale FL Zip Code 33068

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: X Amador P Zamora — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE 6/26/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P ZAMOKA, AMADOR 5755 NW 58TH AVE #1107 TAMARAC FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8821 SW 6 CT N. Lauderdale FL 33068	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Amador Zamora — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 6/26/01 — Daytime Phone # (954) 721-5602