

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106585

1. Entity Name

OAS DRYWALL INC.

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

03-15-2000 90089 025 ***150.00

Principal Place of Business

Mailing Address

7753 TAM O'SHANTER BLVD.
NORTH LAUDERDALE FL 33068

7753 TAM O'SHANTER BLVD.
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

3. Mailing Address

7753 Tam O'Sharter Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Lauderdale FL

4. FEI Number

65-0966343

Applied For

Not Applicable

Zip
33068

Country
USA

Zip

Country

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

SORTO, OSCAR A
7753 TAM O'SHANTER BLVD.
NORTH LAUDERDALE FL 33068

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SORTO, OSCAR A
7753 TAM O'SHANTER BLVD.
NORTH LAUDERDALE FL 33068 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00 (954) 724-0562
Date Daytime Phone #

CR2E034 (9/99)