## 2001 UNIFORM BUSINESS REPORTED BRI

## Jul 10, 2001 8:00 am Secretary of State **DOCUMENT # P0000002221** 1. Entity Name 05-04-2001 90132 023 \*\*\*150 00 E: TOLEDO PAINTING, INC. Principal Place of Business Mailing Address 5563 S.W. 143RD COURT 5563 S.W. 143RD COURT MIAMÍ FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address بداه مرسي Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOLEDO, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 5563 S.W. 143RD COURT **MIAMI FL 33175** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financino \$5.00.May.Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Deleta TITLE ☐ Change TOLEDO, EDUARDO NAME NAMÉ STREET ADDRESS 5563 S.W. 143RD COURT STREET ADDRESS CITY ST-ZIP MIAMI FL 33175 CITY-ST-7IP DITE ☐ Delete TITLE Change Addition NAMÈ NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CHY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP 13. It 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.

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