2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020674					P00000020674		
1. Entity Name POPULAR PAINTING, INC.					FILED		
POPUL	an rainting, inc.				•		
Principal Place of Business Mailing Address 2765 NORTHEAST 13TH-AVENUE POST OFFICE BOX 5003					01 MAY -9 AM 9:57 SECRETARY OF STATE		
	ACH FL 33004	DEERFIELD BEACH FL 33442			TALLAHASSEE, FLORIDA		
2. Principal	Place of Business S.W. 28 Terrace	3. Mailing Address					
Suite, Apt		Suite, Apt. #, etc.	<u> </u>		DO NOT WRITE IN THIS SPACE		
City & Sta	de field Beach, Fl	City & State	- 	4.	FEI Number 65 - 0986891 Applied For Not Applicable		
Zip 3 3 4 4	Country USA	Zip	Country	5.	Certificate of Status Desired \$8.75 Additional Fee Required		
	5. Name and Address of Current F	Registered Agent		7.	Name and Address of New Registered Agent		
Name				Loui	is Scarinzi		
SPIEGEL & UTRIERA, P.A. 343 ALMERIA AVENUE			Street Address (P.O. Box Number is Not Acceptable)				
	RAL GABLES FL 33134			1472	S.W. 28 Terrace		
			City	Deer	field Beach, FL 393442		
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 registeright agent and title if applicable. (NOTE: Recipitaried Agent alignature 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!!! File Now!! File Now!!! File Now!! File Now!!! File Now!! File Now!! File Now!!! File Now!! File Now!! File Now!! File			Fee will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees		
11.	OFFICERS AND D	RECTORS	12.	AD	DDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCARINZI, LOUIS J 2765 NORTHEAST 13TH AVENUE POMPANO BEACH FL 33064	☐ Celete	NAME STREET ADDRESS CITY-ST-ZIP		2 S.W. 28 Terrace rfield Beach, F1 33442		
TITLE	T Chin Party Designation	☐ Delete	TITLE	<u></u>	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change - ☐ Addition		
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13. It hereby certify that the information supplied with this filling 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 at other like empowered. Louis Scarinzi 3/20/01 954-698-9111 SIGNATURE:							
	SIGNATURE AND TYPED OR PRIN	TED JUNEE OF SIGNING OFFICER OF DI	RECTOR		Date Daytme Prone 4		