2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000021346 DOCUMENT

1. Entity Name

HORIZON PAINTING, INC.



08-28-2003 90066 010 ***150.00

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Principal Place of Business 8540 SW 133RD AVE.RD SUITE 220 MIAMI FL 33183		Mailing Address 8540 SW 133RD AVE.RD SUITE 220 MIAMI FL 33183									
2. Principal Place of Business			3. Mailing Address				1 I REGIODRA NA BONN BONN BONN DONN BONN BONN BONN BONN				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 65-0985621				oplied For ot Applicable
Zip Country			Zip Count							8.75 Additional ee Required	
6. Name and Address of Current Register				Istered Agent			7. Name and Address of New Registered Agent				
		<u> </u>	 		Name				_		
NRIQUE	Street			Street Add	dress (P.O. Box Number is Not Acceptable)						
)	no						•				
33183	Ş				City				FL		
ons of regist	ered agent.									amiliar with,	and accept
Signature, typed	or printed name of registered agent an	ід тіте іт арріісарів.	(NOTE:	negistere	o Agent signature	Hedrited A	when reins	stating)	DATE		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State											00 May Be d to Fees
	OFFICERS AND D	DIRECTORS		11.			ADD	ITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
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8540 SW	133RD AVE.RD SUITE 2	_	□ Delete	NAM STRE	E ET ADDRESS					Change	☐ Addition
-		- Barrier († 18	Oelete	NAM Stre	e et address	-	<u>.</u> .			Change Change	_
		. [□ Delete	NAM STRE	ET ADDRESS					☐ Change	☐ Addition
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				NAM STRE CITY	ET ADDRESS -ST-ZIP					☐ Change	Addition
	ace of Busin #, etc. 6. Name NRIQUE 133RD AVE 133RD AVE 133RD AVE 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Country 6. Name and Address of Current F NRIQUE 133RD AVE.RD 33183 named entity submits this statement for ons of registered agent. Signature typed or printed name of registered agent are the properties of	D AVERD 8540 SW 13 SUITE 220 MIAMI FL 33 ace of Business 3. Mailing Average Age City & Sta Country City & Sta Country Zip 6. Name and Address of Current Registered Age NRIQUE 133RD AVE.RD 33183 named entity submits this statement for the purpose of one of registered agent. Signature, typed or printed name of registered agent and title if applicable. LE NOW!!! FEE IS \$550.00 Detember 10, 2003 Fee will be \$750.00 Payable to Fiorida Department of State OFFICERS AND DIRECTORS PTD CEJAS, ENRIQUE 8540 SW 133RD AVE.RD SUITE 220 MIAMI FL 33183 SD MARTINEZ, LAZARA 8540 SW 133RD AVE.RD SUITE 220 MIAMI FL 33183	Boundary State Boundary State Country Country	B AVERD B SUITE 220 MIAMI FL 33183 ace of Business 3. Mailing Address #, etc. City & State Country Zip Country Zip Country A State Country A State Country A State Country Country A State Country Country Country Country Country Country Cou	Mailing Address 840 SW 133RD AVERD SUITE 220 MIAMI FL 33183 ace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country All Country All Country City & State Country City & State City & State	Delete Name and Address Mailing Address September Street Address September Street Address Street	By Aver D Survey Server D Survey D Surv	Mailing Address 849 SW 138PD AVERD SURE 2D MAMI FL 33183 ace of Business 3. Mailing Address 4. FEI Number 65-098562 Country Zip Country 5. Certificate of Status Deared 6. Name and Address of Current Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable 133RD AVERD 33183 City City A State Country Street Address (P.O. Box Number is Not Acceptable 133RD AVERD City City City City A State City Street Address (P.O. Box Number is Not Acceptable 133RD AVERD City C	The Mailing Address Set SW 133RD AVERD Set SW 133RD AVERD SUITE 220 MAME FL 33183 ace of Business 3. Mailing Address Set SW 133RD AVERD SUITE 220 MAME FL 33183 Ace of Business 3. Mailing Address Set SW 133RD AVERD Suite SW 133RD AVERD Suite April 14, etc.	Mailing Address 840 SW 138R0 AVERD SUITE 220 MAKE F, 33168 3. Mailing Address #. etc. CHECK HERE F, MAKING CHANGES #. etc. CHECK HERE F, MAKING CHANGES Country Zip Country E. Certificate of Status Desired S.75 Ao Fee Require 6. Name and Address of Current Registered Agent Name 7. Name and Address of Status Desired S.75 Ao Fee Require NAME 133183 City FL Zip Country Zip State Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) Name 133183 City FL Zip Country Zip Zip Country Zip Country Zip Zip Country Zip Country Zip Zip

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 10 or Block 11 if changed, or on an attachment with an address—with all other like empowered.

SIGNATURE:

REQUIREECCITAS

August 26th, 2003

Horizon Painting, Inc. 8540 SW 133rd Ave RD Suite 220 Miami, FL 33183

Division of Corporations **Att: Uniform Business Report Filings** PO BOX 1500 Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$150.00 for the corporation annual fee of Horizon Painting Inc. Document # P00000021346. This payment is for the 2003 Uniform Business Report. The reason I did not pay this on time is because we never received the Uniform Business Report. Please correct your records concerning any address discrepancies. Thank you for your time and attention concerning this matter.

Sincerely,

Enrique Ceijas

President