

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90107 028 \*\*\*150.00

**DOCUMENT # P92000002846**

1. Entity Name  
**THE PAINTER'S STORE, U.S.A., INC.**

Principal Place of Business

**3202 CORAL WAY  
 MIAMI FL 33145  
 US**

Mailing Address

**3202 CORAL WAY  
 MIAMI FL 33145  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0370577**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PINES, RICARDO E  
 3301 PONCE DE LEON BLVD.  
 SUITE 200  
 CORAL GABLES FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VPD	ZUCCARO, CAMILO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3301 PONCE DE LEON BLVD / STE - 200		
CITY-ST-ZIP	CORAL GABLES FL 33134		
<input type="checkbox"/> Delete			
PD	ZUCCARO, ARNALDO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3301 PONCE DE LEON BLVD., #200		
CITY-ST-ZIP	CORAL GABLES FL 33134		
<input type="checkbox"/> Delete			
TD	ZUCCARO, PAOLO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3301 PONCE DE LEON BLVD., #200		
CITY-ST-ZIP	CORAL GABLES FL 33134		
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> 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: ARNALDO ZUCCARO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01  
Date

0158148068061  
Daytime Phone #

CR2E034 (10/00)