

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P92000002846

FILED
Apr 18, 2003
Secretary of State

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

Current Principal Place of Business:

3202 CORAL WAY
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

3202 CORAL WAY
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 65-0370577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ZUCCARO, CAMILO
Address: 3301 PONCE DE LEON BLVD / STE - 200
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: ZUCCARO, ARNALDO
Address: 3301 PONCE DE LEON BLVD., #200
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: ZUCCARO, PAOLO
Address: 3301 PONCE DE LEON BLVD., #200
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNALDO ZUCCARO

PD

04/18/2003

Electronic Signature of Signing Officer or Director

_____ Date