

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90383 043 ***150.00

CR2E034 7 AV

DOCUMENT # **P96000014991**



1. Entity Name
GORMAN PAINTING, INC.

Principal Place of Business
**8760 SW 148 ST
MIAMI FL 33176
US**

Mailing Address
**8760 SW 148 ST
MIAMI FL 33176
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0644340**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORMAN, LILLIANA M
8760 SW 148TH STREET
MIAMI FL 33176**

Name **Gorman, Lilliana M**
Street Address **1920 SW 165 street**
City **Miami** FL Zip Code **33151**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lilliana M Gorman*

DATE **4/29/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GORMAN, LILLIANA M	
STREET ADDRESS	8760 SW 148 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GORMAN, SCOTT	
STREET ADDRESS	8760 SW 148 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lilliana M Gorman* **REQUIRED**

DATE **4/29/03** (305) 971-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)