2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P97000017104 BIANCHI PAINTING, INC. 05-23-2000 90453 026 ***150.00 Mailing Address Principal Place of Business 1750 N.E. 56TH COURT, APT. 2 1750 N.E. 56TH COURT, APT. 2 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334-5971 2. Principal Place of Business 3. Mailing Address 3340 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100991 OBOX MPADO Applied For 4. FÉI Number 65-0535047 LAUDEDALR Not Applicable Zip 2 3/0 Zip \$8.75 Additional 5. Certificate of Status Desired 3 .3 064 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIANCHI, JORGE Street Address (P.O. Box Number is Not Acceptable) 1750 N.E. 56TH COURT, APT. 2 FT. LAUDERDALE FL 33334 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE ☐ Change BIANCHI, JORGE NAME NAME STREET ADDRESS 1750 N.E. 56TH COURT, APT. 2 STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP FT. LAUDERDALE FL 33334 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 13. I 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 attachme nt with an address,