

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068025

1. Entity Name

C & S PAINT & WALL COVERINGS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90072 048 ***158.75

Principal Place of Business

12970 SW 132 AVE
 MIAMI FL 33186
 US

Mailing Address

12970 SW 132 AVE
 MIAMI FL 33186-5811
 US

2. Principal Place of Business

5155, W. 17 Ave

3. Mailing Address

5155, W. 17 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

65-0873906

Applied For

Not Applicable

Zip

Country

33135 USA

Zip

Country

33135 USA

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLERENA, MARK
 12729 SW 69 TERR
 MIAMI FL 33183

Name

MARK Llerena

Street Address (P.O. Box Number is Not Acceptable)

5155, W. 17 Avenue

City

Miami

FL

Zip Code

33135

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

[Signature]

MARK Llerena 33135

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LLERENA, MARK	
STREET ADDRESS	12729 SW 69 TERR	
CITY - ST - ZIP	MIAMI FL 33183	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REY, MANUEL	
STREET ADDRESS	4820 NW 4 ST	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 4/15/00

(205) 643-1136

CR2E034 (9/99)