2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90068 033 ***150.00

631618

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000039501

1. Entity Name
FIRST CHOICE PAINTING INC

Principal Place of Business
18900 NW 32ND AVE. 8457 Sheraton DR
MIAMI FL 33156 miramar FL 33025
Miramar FL 33025

Mailing Address
~~18900 NW 32ND AVE.~~
~~MIAMI, FL 33156~~
8457 Sheraton DR
miramar FL 33025

2. Principal Place of Business	3. Mailing Address
8457 Sheraton DR.	8457 Sheraton DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: miramar Floreda	City & State: miramar FL 33025.
Zip: FL 33025 Country:	Zip: Country:

4. FEI Number 65-0930806 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAXWELL, BARRINGTON 18900 NW 32ND AVE. MIAMI FL 33156	Name: none 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 ______________________
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, 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAXWELL, BARRINGTON 8457 SHERATON DR. MIRAMAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Barrington maxwell 8457 Sheraton DRIVE miramar FL 33025. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAXWELL, ELFREDA 8457 SHERATON DR. MIRAMAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elfreda maxwell 8457 Sheraton Drive miramar. FL 33025 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] Sheraton	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: B H Maxwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #