

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90024 024 \*\*\*150.00

**DOCUMENT # P99000097152**

1. Entity Name

**J & M PROFESSIONAL PAINTING CORP.**

Principal Place of Business

351 N.W. 82 AVE., #1102  
 MIAMI FL 33126-8347

Mailing Address

351 N.W. 82 AVE., #1102  
 MIAMI FL 33126-8347

JJU421

2. Principal Place of Business

1755 SW 21 Ave

Suite, Apt. #, etc.

3. Mailing Address

1755 SW 21 Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0966157

Applied For

Not Applicable

Zip

33145

Country

Dade

Zip

33145

Country

Dade

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

REVUELTA, JOSE  
 351 N.W. 82 AVE., #1102  
 MIAMI FL 33126-8347

Name

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

1755 SW 21 Ave

City

Miami

FL

Zip Code

33145

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

Jose Revuelta

(NOTE: Registered Agent signature required when reinstating)

3/5/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 **President**  Delete  
 NAME **REVUELTA, JOSE**  
 STREET ADDRESS **351 N.W. 82 AVE., #1102**  
 CITY-ST-ZIP **MIAMI FL 33126** *Change Address*

TITLE  Change  Addition  
 NAME *address only.*  
 STREET ADDRESS **1755 SW 21 Ave**  
 CITY-ST-ZIP **Miami, FL 33145**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  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

Jose Revuelta

3/5/01

DATE

305-968-2227

Daytime Phone #

CR2E034 (10/00)