

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097152
 1. Entity Name
 J+M Professional Painting Coep

DO NOT WRITE IN THIS SPACE

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

Zip
 33145

Country
 USA

4. FEI Number
 65-0966157

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name
 Jose Revuelta

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  Jose Revuelta DATE 4/2/02

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$350.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Febles, Mario (delete) 351 NW 82 Ave + 1102 Miami, FL 33126 - 8347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (Add) Revuelta, Jose 1755 SW 21 Ave MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied in 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 reports 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 on an attachment with an address. With all other persons empowered.

SIGNATURE:  Jose Revuelta DATE 4/2/02 (305) 968-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)