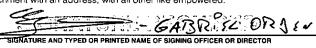
**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V12148  1. Entity Name SOUTHERN PAINTING INC.							Feb 21, 2002 8:00 am Secretary of State 02-21-2002 90125 011 ***150.00				
Principal Place of Business 3510 NW 113 AVE. SUNRISE FL 33323 US			Mailing Address 3510 NW 113 AVE. SUNRISE FL 33323 US								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number <b>65-0416321</b>			pplied For of Applicable	-
Zip Country		Country	Zip Coun		itry	5.	Certificate of Status Desired		8.75 Add		1
· · · · · · · · ·	6. Name an	d Address of Current Re	egistered Agent		Name		Name and Address of New Re	gistered Ag	ent		}-
SEGREDO, BERNARDO 5315 NE 2ND AVE.					Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE FL 33334				City				FL	Zip Code		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After May 1, 200: Make Check Payable				!!! FEE 002 Fee ble to D	will be \$550	0.00 of State	10. Election Campaign Fina Trust Fund Contribution	. 🗆	Added	<b>0</b> May Be I to Fees	
TIT. TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORDEN, GAE 2478 N.W. 8 TAMARAC FI	OTH DRIVE	☐ Delete			Α[	DITIONS/CHANGES TO OFFI	С	☐ Change	☐ Addition	30E034 (0/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				Change	Addition	2
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAM STRE CITY	E E ET ADDRESS - ST-ZIP	1:- 0::	110 07/2Vi) Elorida Statutos I		Change	Addition	

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:



2-8-02 954-724 955 9
Date Daytime Phone #