

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90100 028 ***150.00

DOCUMENT # P98000031113

1. Entity Name
J & J PAINTING CORP.

Principal Place of Business
6901 NW 173 DR
202
MIAMI GARDENS FL 33015

Mailing Address
P.O. BOX 170002
HIALEAH FL 33017-0002



2. Principal Place of Business
5308 SW 133 AVE
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 170002
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIRAMAR FL
 Zip
33027 Country
US

City & State
MIAMI FL
 Zip
33017 Country
US

4. FEI Number
65-0829912

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, JOHN J.
10966 N.W. 57TH AVENUE
#303
MIAMI GARDENS FL 33015

7. Name and Address of New Registered Agent

Name
MAIVEL AROCHA
 Street Address (P.O. Box Number is Not Acceptable)
5308 SW 133 AVE
 City
MIRAMAR FL Zip Code
33027

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 **John Jairo Martinez** (NOTE: Registered Agent signature required when reinstating) DATE **4/11/02**

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

FILE NOW!!! FEES \$150.00
After May 1, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MARTINEZ, JOHN J	6901 NW 173 DR #202	MIAMI FL 33015	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice President	MAIVEL AROCHA	5308 SW 133 AVE	MIRAMAR FL 33027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]** Date **4/11/02** Daytime Phone #

CR2E034 (9/01)