

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # *P02000119157*

Entity Name

5 Star Painting, Inc



03 NOV -7 AM 10:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

500023985975

10/21/03--01140--013 **150.00

2. Principal Place of Business

2143A Spice Ave

Suite, Apt. #, etc.

3. Mailing Address

2143A Spice Ave

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

REINSTATEMENT 03

4. FEI Number

74-3068582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Miguel Hernandez

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

2143A Spice Ave

City

ORLANDO

FL

Zip Code

32837

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/14/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*P/T/S
Miguel A. Hernandez
2143A Spice Ave
ORLANDO, FL 32837*

TITLE
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CITY - ST - ZIP

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12. 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 10 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

10/14/03 407-854-6841

CR2E034B (12/02)

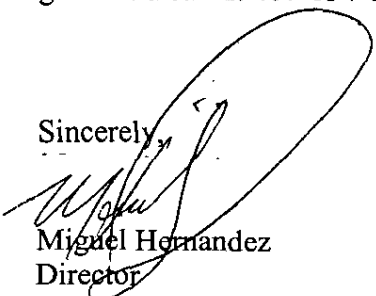
October 16, 2003

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear: Sirs

Enclosed you'll find check issue to you in the amount of \$150.00. You'll also find a copy of the completed 2003 Uniform Business report for our company. We are sending you this payment and at the same time voice our apology to you for not having it paid sooner. We started our business this past year and incorporated on October 31, 2002. It came as quite a shock and surprise to us that we had to pay \$150.00 for the renewal of our company since we never received any letter or information from you. It was our friend who told us that we were not registered in the state that we learned about our status. Please note our new address and other information you require. Please accept the enclosed and adjust the records accordingly. Should you have any question, you may give me a call at 407-854-6841. Thank you.

Sincerely,



Miguel Hernandez
Director

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