

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90072 045 \*\*\*500.00

**DOCUMENT # 251601**

1. Entity Name  
**MARSHALL PAINTING INC**



Principal Place of Business  
**319 S.E. 1ST AVE  
HALLANDALE FL 33009  
US**

Mailing Address  
**P.O. BOX 800648  
MIAMI FL 33280-0648  
US**



2. Principal Place of Business  
**321 Northlake Blvd  
Suite, Apt. #, etc.  
205**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**N. Palm Beach, Florida**  
Zip  
**33408**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**59-0943192**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**FURSHMAN, MARSHALL  
319 S.E. 1ST AVE  
HALLANDALE FL 33009**

**7. Name and Address of New Registered Agent**

Name  
**Furshman, Marshall**  
Street Address (P.O. Box Number is Not Acceptable)  
**3000 Island Blvd 1201**  
City  
**Aventura** **FL** Zip Code  
**33160**

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

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>PD FURSHMAN, MARSHALL 319 S.E. 1ST AVE HALLANDALE FL 33009</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FURSHMAN, BRETT 319 S.E. 1ST AVE HALLANDALE FL 33009</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FURSHMAN, MARLENE 319 S.E. 1ST AVE HALLANDALE FL 33009</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Furshman, Marshall 3000 Island Blvd 1201 Aventura, Fla. 33160</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Furshman, Brett 3000 Island Blvd 1201 Aventura, Fla. 33160</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Furshman, Marlene 3000 Island Blvd 1201 Aventura, Fla. 33160</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marshall Furshman* **Marshall Furshman** 3/7/03 305-692-0720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)