2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G42068 DOCUMENT

1. Entity Name

JMC PAINTS & DECORATIVE PRODUCTS, INC.

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Jan 21, 2003 8:00 am Secretary of State **FILED**

01-21-2003 90101 039 ***150.00

Principal Place of Business													
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2294557 Applied For Not Applied For	9235 SW 40TH ST MIAMI FL 33165			9235 : MIAMI	9235 SW 40TH ST MIAMI FL 33165								
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	US US							İ					
City & State Country 6. Certificate of Status Desired S8.75 Additional Fee Required Name Name Name Name Name Name Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Title City FL Zip Code S1.75 Additional Fee Required Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Title Now!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Title PD MANZUETA, JUAN THEN MANE SITERT ADDRESS CITY-S1-Zip MAMI FL CITY-S1-Zip MAMI MI FL CITY-S1-Zip MIAMI FL	2. Principal Place of Business			3. Mai	3. Mailing Address			1	F###	IARIA BARIA	8 -1		
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MANZUETTA, JUAN 9733 SW 111 TERRACE SUTIE 730 MIAMI FL 33176 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS I1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD MANZUETTA, JUAN THEN MANZUETTA, JUAN THEN MANZUETTA, JUAN THEN Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code ATE PD ATE STREET ADDRESS CITY-ST-ZIP MIAMI FL Change Addition FILE Change Addition FILE CITY-ST-ZIP MIAMI FL Change Addition FILE Change Addition FILE CITY-ST-ZIP MIAMI FL Change Addition FILE Change Addition FILE FILE FILE FILE FILE FILE FILE FILE	Zip Country							5. Certificate of Status Desired			8.75 Additional		
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CITY-ST-ZIP CITY-ST-ZIP 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		certify that the	information supplied with	h this filing o	does not qualify for		1	ction 1	119 07/3Vi) Florida Statutes I further continu	that the i-	oformation		

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 or an attachment with an address, with all other like empowered.

SIGNAL DISCOUNTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: