2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 07, 2000 8:00 am Secretary of State **DOCUMENT # K11709** 1. Entity Name COMPLETE HOMEPAINTING BY MICHAEL, INC. 09-07-2000 90064 012 ***558.75 Principal Place of Business Mailing Address % MICHAEL IWASKEWYCZ 2150 SW 114TH AVE 1476 NE 130TH ST DAVIE FL 33325 MIAMI FL 33161 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 Applied For 59-2848602 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IWASKEWYCZ, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 12705 N.E. 4TH AVE N. MIAMI FL 33161 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Addition NAME **IWASKEWYCZ, MICHAEL** NAME STREET ADDRESS STREET ADDRESS 2150 SW 114TH AVE CITY-ST-7(P CITY-ST-ZIP DAVIE FL TITLE ☐ Delete ☐ Change TITLE Addition NAME **WASKEWYCZ, WALTER** STREET ADDRESS STREET ADDRESS 960 NE 140TH ST. CITY-ST-ZIF CITY-ST-ZIP <u>n. miami fl</u> TITLE ☐ Defetê TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

attachment doc # 11709 -20015689

Miami, September 01-2000

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS PO BOX 1500 TALLAHASSEE,FL-32302-1500

Dear Gentleman/Madam:

I'm including the payment corresponding to the second notice for my corporation for \$550.

Please, make sure that next year you send me the first notice because on last March (approximately) I received the first notice to pay for NUEVO TROPICANA VIDEO, and this is the prior corporation before I bought. I bought this business last year and as soon as I bought I formed TROPICANA VIDEOLAND, that is my corporation. Last August I received the second notice for both corporations but like I said I never received the first notice for TROPICANA VIDEOLAND.

I hope to receive without any problem next year the first notice because is unfair to pay \$400 for your mistake and it's necessary to work hard to get money.

I'll let you know that I'm responsible to pay for other corporation's report so I know the procedure and if you want to check I never missed a payment, this corporation is DIHERCA INVESTMENTS and its document number is P93000017426.

Carlos F Hermodez.

Sincerely