

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000003444

1. Entity Name
DUVEL PAINTING COMPANY, L.L.C.

FILED

01 APR 23 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

901 PONCE DE LEON BLVD
STE 601
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD
STE 601
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5731 SW 137th Ave
Suite, Apt. #, etc.

3. Mailing Address

5731 SW 137th Ave
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33183

Country

Zip

33183

Country

4. FEI Number

05-1090842

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD
STE 601
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

William Velez

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

5731 SW 137th Ave

City

Miami

FL

Zip Code

33183

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

4/20/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME William Velez
STREET ADDRESS 901 Ponce De Leon Blvd. #601
CITY-ST-ZIP Coral Gables, FL 33134

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME William Velez
STREET ADDRESS 5731 SW 137th Avenue
CITY-ST-ZIP Miami, FL 33183

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/01

CR2E083 (11/00)