2000 UNIFORM BUSINESS REPORT (UBR)

0002173 AF

DOCUMENT # L96000000641

1. Entity Name

BROADLINE PAINTING LIMITED COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 12:38

Principal Place of Business	Mailing Address
7308 NW 38 COURT CORAL SPRINGS FL 33065	7308 NW 38 COURT CORAL SPRINGS FL 33065-2106

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0673478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PINTO, MICHELLE
7308 NW 38 COURT
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name SHAMEER MOHAMMED

Street Address (P.O. Box Number is Not Acceptable) 2804 NE 6TH LN.

City WILTON MANORS, FL Zip Code 33334

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 Shameer Mohammed SHAMEER MOHAMMED 2-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

BLT

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PINTO, GREGORY 7308 NW 38 COURT CORAL SPRINGS FL 33065	☐ Delete	MGRM GANESH CASSIE 7865 N.W 44 CT CORAL SPRINGS FL. 33065	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PINTO, MICHELLE 7308 NW 28 COURT CORAL SPRINGS FL	☑ Delete	MGRM SHAMEER MOHAMMED 2804 NE 6TH LN WILTON MANORS, FL 33334	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400003148104--3 -02/25/00--01087--025 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400003148104--3 -02/25/00--01087--026 ******5.00 ******5.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (9/99)

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 REQUIRED 2-7-00 954-752-1724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #