## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # M34561 Jan 12, 2000 8:00 am 1. Entity.Name **Secretary of State** NMB PAINT SALES, INC. 01-12-2000 90093 034 \*\*\*150.00 Principal Place of Business Mailing Address 15520 W. DIXIE 15520 W. DIXIE N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162-6034 2. Principal Place of Business 3. Mailing Address. 7 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2691114 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CURRY, J. DAVID, SR. Street Address (P.O. Box Number is Not Acceptable) 1161 CHOKOLOSKEE DR CHOKOLOSKEE FL 34138 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. -----EILE NOW!!LEEE:IS:\$150:80: 9. This corporation is eligible to satisfy its intangible. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Change ☐ Addition TITLE TIT! F ☐ Delete C/D NAME CURRY, J DAVID SR NAME CURRY, J. DAVID SR. STREET ADDRESS STREET ADDRESS 1161 CHOKOLOSKEE DR 1161 CHOKOLOSKEE DR CITY-ST-ZIP CITY-ST-ZIP **CHOKOLOSKEE FL 34138** CHOKOLOSKEE, FL 34138 Change Addition ☐ Delete TITLE SZD NAME CURRY, DIANA L. NAME CURRY, DIANA L STREET ADDRESS STREET ADDRESS 1161 CHOKOLOSKEE 1161- CHOKOLOSKEE DR CITY-ST-ZIP CITY-ST-ZIP **CHOKOLOSKEE FL 34138** CHOKOLOSKEE, FL 34138 Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME GRANT, MICHAEL R STREET ADDRESS STREET ADDRESS 5691 NE 8 AV CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ AdditIon Change, Delete-TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME **SMAN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.