

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90390 028 \*\*\*150.00

**DOCUMENT #** M42276

**1. Entity Name**

NOBEL PAINT INC.

**Principal Place of Business**

1144 NW 36 ST.  
MIAMI FL 33127

**Mailing Address**

1144 NW 36 ST.  
Miami FL 33127

**2. Principal Place of Business**

1144 NW 36 ST.

**3. Mailing Address**

1144 NW 36 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**City & State**

MIAMI, FL

**4. FEI Number**

59 2300591

**Applied For**

Not Applicable

**Zip**  
33127

**Country**

MIAMI DADE

**Zip**  
33127

**Country**

MIAMI DADE

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**Name**

BENITO OLIVEROS

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

1144 NW 36 ST.

**City**

MIAMI

**FL**

**Zip Code**  
33127

**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**

*Benito Oliveros*

Benito Oliveros

4/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)** ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$350.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PTSD ☐ Delete  
**NAME** BENITO OLIVEROS  
**STREET ADDRESS** 1144 NW 36 ST.  
**CITY-ST-ZIP** MIAMI, FL 33127

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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.**

**SIGNATURE:**

*Benito Oliveros*

Benito Oliveros

4/26/01 (305) 635 5146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)