

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005333

1. Entity Name
SKJM RAINBOW PAINTING CO.

FILED
Aug 31, 2001 8:00 am
Secretary of State

05-03-2001 90005 049 ***150.00

Principal Place of Business
6839 SW 158 COURT
MIAMI FL 33193

Mailing Address
6839 SW 158 COURT
MIAMI FL 33193

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

65-0974757

Applied For

Not Applicable

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

KAFRUNI, SAMIR A
6839 SW 158 COURT
MIAMI FL 33193

Name

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

City

FL

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KARUNI, SAMIR A
6839 SW 158 COURT
MIAMI FL 33193

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARIN, JHON J
6839 SW 158 COURT
MIAMI FL 33193

☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SAMIR A. KAFRUNI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

August 16/01 (305) 383-5272

9821900-
AV

CR2E034 (5/01)

Attachment

11746
#P00000055333

SAMIR A. KAFRUNI
BEATRIZ MARIN
6839 SW 158TH CT. 305-383-5272
MIAMI - FL 33193-3603

63-8413/267
8340085500

DATE: April 22/01

PAY TO THE ORDER OF: Department of State

One Hundred fifty Only

Washington Mutual
Washington Mutual Bank, F.A.
Miami West Kendall Financial Center 1730
13745 SW 152nd Street
Miami, FL 33177
1-800-786-7000
24 hour Customer Service

Gold Customer

NOTES: *San Juan*

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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1009068796

2007 APR 28 2001

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BANK OF AMERICA, NA JAX
05/04/01

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