FILED

Daytime Phone #

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

Mar 18, 2002 8:00 am Secretary of State DOCUMENT # P0000028996 1. Entity Name 😘 🐇 🐇 03-18-2002 90017 009 ***150 00 CORTINA'S HOME REPAIRS AND REMODELING CORP. Principal Place of Business Mailing Address 12401 W. OKECHOBEE ROAD. #259 12401 W. OKECHOBEE ROAD. #259 HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0993283 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent CORTINA, GERARDO A Street Address (P.O. Box Number is Not Acceptable) 12401 W. OKECHOBEE ROAD, #259 HIALEAH GARDENS FL 33018 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be fax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change ☐ Addition CORTINA. GERARDO. . . . NAME STREET ADDRESS 12401 W. OKECHOBEE ROAD, #259 STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL 33018 CITY-ST-ZIP **VPD** TITLE ☐ Delete ☐ Change ☐ Addition NAME CORTINA, MARIA M NAME STREET ADDRESS 12401 W. OKECHOBEE ROAD. #259 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33018 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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