

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 14, 2001 8:00 am**
Secretary of State

04-14-2001 90007 022 ***150.00

DOCUMENT # P00000029062

1. Entity Name

PROMAR PRINTING, INC.

Principal Place of Business

**4100 EVANS AVENUE
SUITE 6
FORT MYERS FL 33901**

Mailing Address

**POST OFFICE BOX 60162
FORT MYERS FL 33906**

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

65-0992545

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****SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTD QUINONES, EDGAR 4100 EVANS AVENUE FORT MYERS FL 33901	<input type="checkbox"/>		
SVD VARGAS, MAURICIO 4100 EVANS AVENUE FORT MYERS FL 33901	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:**Edgar J. Quinones**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/01

Date

941-7074038

Daytime Phone #

CR2E034 (10/00)

Form **SS-4**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

65-0992545

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)
PROMAR PAINTING, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
Post Office Box 60162

4b City, state, and ZIP code
Fort Myers, Florida 33906

5a Business address (if different from address on lines 4a and 4b)
4100 Evans Avenue, Suite 6

5b City, state, and ZIP code
Fort Myers, Florida 33901

6 County and state where principal business is located
Lee County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►
Edgar Quiñones, President (ssn 583-51-2852)

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN) _____

☐ Partnership ☐ Personal service corp.

☐ REMIC ☐ National Guard

☐ State/local government ☐ Farmers' cooperative

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ► _____ (enter GEN if applicable)

☐ Other (specify) ► _____

☐ Estate (SSN of decedent) _____

☐ Plan administrator (SSN) _____

☒ Other corporation (specify) ► **Sub S**

☐ Trust

☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **Florida** Foreign country _____

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ► _____

☐ Banking purpose (specify purpose) ► _____

☐ Changed type of organization (specify new type) ► _____

☐ Purchased going business

☐ Created a trust (specify type) ► _____

☐ Other (specify) ► _____

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ► _____

10 Date business started or acquired (month, day, year) (see instructions)
03/22/00

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **n/a**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ► **0**

14 Principal activity (see instructions) ► **Property management**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ► _____

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ Other (specify) ► _____

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
941 707-4038

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► **Elsie Sanchez, Treasurer**Signature ► Date ► **03/24/00**

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying

ARTICLES OF INCORPORATION
OF
PROMAR PAINTING, INC.

Attached
944679
P00000029062
FILED
00 MAR 22 AM 8:16
TALLAHASSEE FLORIDA
SECRETARY OF STATE

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit under Chapter 607 of the Florida Statutes.

ARTICLE 1 - NAME

The name of the Corporation is **PROMAR PAINTING, INC.**, (hereinafter, "Corporation").

ARTICLE 2 - PURPOSE OF CORPORATION

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE 3 - PRINCIPAL OFFICE

The address of the principal office of this Corporation is 4100 Evans Avenue, Suite 6, Fort Myers, Florida 33901 and the mailing address is Post Office Box 60162, Fort Myers, Florida 33906.

ARTICLE 4 - INCORPORATOR

The name and street address of the incorporator of this Corporation is:

Elsie Sanchez
343 Almeria Avenue
Coral Gables, Florida 33134

ARTICLE 5 - OFFICERS

The officers of the Corporation shall be:

President:	Edgar Quiñones
Vice-President:	Mauricio Vargas
Secretary:	Mauricio Vargas
Treasurer:	Edgar Quiñones

whose addresses shall be the same as the principal office of the Corporation.



SPIEGEL & UTRERA, P.A.

LAWYERS

www.amerilawyer.com

343 ALMERIA AVENUE CORAL GABLES, FL 33134 - (305) 445-2700 - (800) 603-3900 - FACSIMILE (305) 447-8900
MAILING ADDRESS - POST OFFICE BOX 144479, CORAL GABLES, FL 33114-4479