

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
 02-11-2002 90229 042 ***150.00

DOCUMENT # P00000035801

1. Entity Name
LUIS A. SIERRA PAINTING, INC.

Principal Place of Business

1945 SW 5 ST
2
MIAMI FL 33175

Mailing Address

1945 SW 5 ST
2
MIAMI FL 33175

2. Principal Place of Business

1400 SW 27 Ave

Suite, Apt. #, etc.

Apt 702

City & State

Miami FL

Zip

33145

Country

Miami Dade

3. Mailing Address

1400 SW 27 Ave

Suite, Apt. #, etc.

Apt 702

City & State

Miami FL

Zip

33145

Country

Miami Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0999374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIERRA, LUIS A
1945 SW 5 ST.
#2
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

Luis A. Sierra

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

1400 SW 27 Ave

City

Miami

FL

Zip Code

33145

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

Luis A. Sierra

President

1-23-02

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, 2002 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

TITLE
D
SIERRA, LUIS A
1945 SW 5 ST. #2
MIAMI FL 33135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

Luis A. Sierra
1400 SW 27 Ave
Miami FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02 305-479-3146

Date

Daytime Phone #

CR2E034 (9/01)