


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90235 005 \*\*\*158.75

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <i>P00000064949</i>			
<b>1. Entity Name</b> <i>Richard's Custom Waterproofing &amp; Painting Inc</i>			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> <i>7188 West 4th Court</i>		<b>3. Mailing Address</b> <i>7188 West 4th Court</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <i>HiALEAH Florida</i>		<b>City &amp; State</b> <i>HiALEAH Florida</i>	
<b>Zip</b> <i>33014-4938</i>		<b>Zip</b> <i>33014-4938</i>	
<b>Country</b> <i>USA</i>		<b>Country</b> <i>USA</i>	
<b>4. FEI Number</b> <i>65-1025521</i>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> <i>Ricardo MESA Sr.</i>			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <i>7188W 4th Court</i>			
<b>City</b> <i>HiALEAH</i> <b>FL</b> <b>Zip Code</b> <i>33014-4938</i>			
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing) <b>DATE</b> _____			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>PRESIDENT</i> <i>RICARDO MESA SR.</i> <i>7188 WEST 4TH COURT</i> <i>HiALEAH FL 33014-4938</i>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>12. 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 10 or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i>		<i>04/30/2003</i> (305) 725-0322	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Office Phone #	