

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90117 006 ***550.00

DOCUMENT # P00000070211

1. Entity Name
P & W PAINTING, INC.

Principal Place of Business
**1930 RODMAN ST
 HOLLYWOOD FL 33020**

Mailing Address
**1930 RODMAN ST
 HOLLYWOOD FL 33020**

2. Principal Place of Business
7901 S.W. 12th St.

3. Mailing Address
7901 S.W. 12th St.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33144

Country
Dade

4. FEI Number **65-1034329** 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~~ **new address**

**IZAGUIRRE, WILFREDO
 1930 RODMAN ST
 HOLLYWOOD FL 33020**

Name
Izaguirre, Wilfredo

Street Address (P.O. Box Number is Not Acceptable)
7901 SW 12th Street

City **Miami, Florida** FL **33144**

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.

SIGNATURE *Wilfredo Izaguirre*

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 13, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IZAGUIRRE, WILFREDO 1930 RODMAN ST HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IZAGUIRRE, ELMA-P 1930 RODMAN ST HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Same as above 7901 SW 12th St. Miami, FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD same as above 7901 SW 12th St Miami, FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Wilfredo Izaguirre* **WILFREDO IZAGUIRRE** **Wilfredo Izaguirre 08/20/02 (786) 275-9024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)