2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State
06-21-2001 90003 024 ***150.00

DOCUMENT # P00000075015 (LA)

Entity Name
Golden Dream Painting Contractors, In

Principal Place of Business — Mailing Address
2610 39 ST SW.
NAPLES, FL 34117

L00072127

[redacted]

DO NOT WRITE IN THIS SPACE

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 — ☑ Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARIA SANCHEZ
3430 S.W. 127 Ave
MIAMI, FL 33175

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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

Field	Entry	
TITLE	P, D	☐ Delete
NAME	MARIA SANCHEZ	
STREET ADDRESS	3430 SW 127 Ave	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	VP,D	☐ Delete
NAME	LUIS MEDINA	
STREET ADDRESS	3430 SW 127 Ave	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry	
TITLE	SEC	☐ Change ☑ Addition
NAME	ARMANDO PARRA	
STREET ADDRESS	7645 Tara CIR. #102, Naples, FL 34104	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] — 4/26/01 — (941) 352-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #