

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90141 006 \*\*\*150.00

**DOCUMENT # P00000075879**

1. Entity Name  
**DARC PAINTING, INC.**

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| Principal Place of Business<br>3100 NW 164 TERRACE<br>MIAMI FL 33054 | Mailing Address<br>3100 NW 164 TERRACE<br>MIAMI FL 33054 |
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|--|--|
| 2. Principal Place of Business<br><i>15840 Bunche Pk Sch Dr</i><br>Suite, Apt. #, etc. | 3. Mailing Address<br><i>15840 Bunche Pk Sch Dr</i><br>Suite, Apt. #, etc. |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                       |                                    |   |                                       |
|---------------------------------------|------------------------------------|---|---------------------------------------|
| City & State<br><i>Opalocka FL 33</i> | City & State<br><i>Opalocka FL</i> | 4. FEI Number<br><i>65-1030987</i>                        | Applied For<br>Not Applicable         |
| Zip<br><i>33054</i>                   | Country<br><i>DADE</i>             | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>ROBINSON, DAVID A</b><br>3100 NW 164 TERRACE<br>MIAMI FL 33054 |  | 7. Name and Address of New Registered Agent<br>Name <i>N/A</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |   |  |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>ROBINSON, DAVID A<br>3100 NW 164 TERR<br>MIAMI FL 33054 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>ROBINSON, MATTIE L<br>15840 BUNCHE PK SCH. DR<br>OPA LOCKA FL 33054 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>ROBINSON, ANTHONY A<br>15840 BUNCHE PK SCH. DR<br>OPA LOCKA FL 33054 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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)(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: *David A. Robinson* **DAVID A. ROBINSON** 4-30/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)