

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90404 042 ***150.00

DOCUMENT # P00000077482

1. Entity Name
FANTASY PAINT, INC.

Principal Place of Business
20911 JOHNSON STREET
#109
PEMBROKE PINES, FL 33029

Mailing Address
20911 JOHNSON STREET
#109
PEMBROKE PINES FL 33029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1035085

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, LISA
20911 JOHNSON ST #109
PEMBROKE PINES FL 33028

Name
LISA RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
16508 NW 17 ST

Pembroke Pines FL 33028

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RODRIGUEZ, ADELKIS E**
STREET ADDRESS **20911 JOHNSON ST #109**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☒ Change ☐ Addition
NAME **LISA RODRIGUEZ**
STREET ADDRESS **16508 NW 17 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **VP** ☐ Delete
NAME **RODRIGUEZ, LISA**
STREET ADDRESS **20911 JOHNSON ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☒ Change ☐ Addition
NAME **LISA RODRIGUEZ**
STREET ADDRESS **16508 NW 17 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
934-441-3534
DATE **DAYTIME PHONE #**

CR2E034 (9/01)