

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90036 021 ***150.00

DOCUMENT # P00000077579

1. Entity Name

ARLETTE PAINTING CORPORATION

Principal Place of Business

**145 N.W. 29 STREET APT #1
 MIAMI FL 33127**

Delete

Mailing Address

**PO BOX 371615
 MIAMI FL 33137**

2. Principal Place of Business

3313 NW 7 AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

Zip

33127

Country

USA

Zip

Country

4. FEI Number

65-1038338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JUAN

**145 N.W. 29 STREET APT #1
 MIAMI FL 33127**

Delete

7. Name and Address of New Registered Agent

Name

Ruben JIMENEZ

Street Address (P.O. Box Number is Not Acceptable)

3313 NW 7 AVE

City

MIAMI

FL

Zip Code

33127

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)

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

TITLE ☐ Delete
 NAME **D JIMENEZ, MIGUEL**
 STREET ADDRESS **3313 N.W. 7 AVE,**
 CITY-ST-ZIP **MIAMI, FL 33138**

TITLE ☐ Delete
 NAME **D JIMENEZ, IDALIA**
 STREET ADDRESS **3313 N.W. 7 AVE**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Delete
 NAME **D MEJIA, ROBERTO**
 STREET ADDRESS **3313 N.W. 7 AVE**
 CITY-ST-ZIP **MIAMI FL 33138**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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] **RUBEN JIMENEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/02 305-638-0859

Daytime Phone #

CR2E034 (9/01)