

BUSINESS REPORT (UBR)

192

DOCUMENT # P0000084255

1. Entity Name
G&R PAINTING & HOME IMPROVEMENT, INC.

Principal Place of Business 6732 MEDITERRANEAN RD. ORLANDO FL 32822	Mailing Address 6732 MEDITERRANEAN RD. ORLANDO FL 32822
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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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

7. Name and Address of New Registered Agent

RUPERTO, ERIBERTO
6732 MEDITERRANEAN RD.
ORLANDO FL 32822

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPERTO, ERIBERTO 6732 MEDITERRANEAN RD. ORLANDO FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ANTHONY 6732 MEDITERRANEAN RD. ORLANDO FL 32822	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **Date** _____ **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
01 OCT -3 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

~~XXXXXXXXXX~~
P00000084255
BOX 15593
292

G&R Painting & Home Improvements, Inc.

6732 Mediterranean Road
Orlando, FL 32822

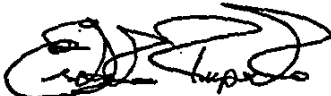
June 19, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find enclosed a completed 2001 Uniform Business Report for the addressed entity named above. The 2001 UBR is officially due on May 1st, however due to a breach of contract on behalf of my prior accountant it has not been filed. As per a recent conversation with a customer service representative from your government agency, the 2001 Uniform Business Report is being accepted excluding all penalties. Thank you for your time and cooperation.

Sincerely,



Eriberto Ruperto

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Form **SS-4**
(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN _____
OMB No. 1545-0045

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Eriberto Ruperto	
	2 Trade name of business (if different from name on line 1) G+R Painting/Home Imp.	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 6732 Mediterranean Rd.	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Orlando, Fl. 32822	5b City, state, and ZIP code
	6 County and state where principal business is located Orange County Orlando Fl.	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► 581-45-6437	

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN) _____
- Partnership Personal service corp.
- REMIC National Guard
- State/local government Farmers' cooperative
- Church or church-controlled organization
- Other nonprofit organization (specify) ► **INC.** (enter GEN if applicable)
- Other (specify) ► _____
- Estate (SSN of decedent) _____
- Plan administrator (SSN) _____
- Other corporation (specify) ► _____
- Trust
- Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated
State **Florida** Foreign country **Orange County**

9 Reason for applying (Check only one box.) (see instructions)
 Started new business (specify type) ► _____
 Banking purpose (specify purpose) ► _____
 Changed type of organization (specify new type) ► _____
 Purchased going business
 Hired employees (Check the box and see line 12.)
 Created a pension plan (specify type) ► _____
 Created a trust (specify type) ► _____
 Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions)
01/18/2000

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

14 Principal activity (see instructions) ►

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ► Yes No

16 To whom are most of the products or services sold? Please check one box. Public (retail) Other (specify) ► Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
G+R Painting/Home Improvement INC.

Business telephone number (include area code)
407 982-1545
Fax telephone number (include area code)

Name and title (Please type or print clearly) ►
Signature **Eriberto Ruperto** Date **9/28/01**

Note: Do not write below this line. For official use only

Please leave blank ► Geo. ind. Class Size Reason for applying