2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089547

1. Entity Name

D & G PAINTING, INC.

FILED
02 JUL 22 AM 10: 16
SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1130 NE 14th ST. N.MIAMI, FL 33161	1130 NE 14th ST. N.MIAMI, FL 33161

2. Principal Place of Business		3. Mailing Address		4. FEI Number	
1130 NE 14th ST.		1130 NE 14th ST.		65-1078275	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State: N.MIAMI, FLORIDA		City & State: N.MIAMI, FLORIDA		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip: 33161	Country:	Zip: 33161	Country:		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TABORA, RAMON 1130 NE 14th ST. N.MIAMI, FL 33161	Name Street Address (P.O. Box Number is Not Acceptable) City REINSTATEMENT 01- FL 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 Ramon Tabora

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

9. This corporatio… ligible to satisfy its Intangible Tax filing req… …it and elects to do so. (See criteria on … …k) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TABORA, RAMON 1130 NE 14th ST. N.MIAMI, FL 33161 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500006844775--9 -08/01/02--01013--002 ****900.00 ****900.00
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CR2E034 (5/01)

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 REQUIRED 4/02/02 (305) 216-9373

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