

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90139 026 ***150.00

0155204 AV

DOCUMENT # P00000104705

1. Entity Name

ALL PRO PAINTERS ENTERPRISE, INC.



Principal Place of Business

9884 NW 123RD ST
HIALEAH FL 33018

Mailing Address

9884 NW 123RD ST
HIALEAH FL 33018

2. Principal Place of Business

9884 NW 123 ST

3. Mailing Address

Same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Hialeah G. FL.

City & State

Same

Zip

33018

Country

U.S.A

Zip

Same

Country

Same

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1053853

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESCUDERO, MARIO
9884 NW 123RD ST.
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name stays the Same

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDVS	<input type="checkbox"/> Delete
NAME	ESCUDERO, MARIO	
STREET ADDRESS	9884 NW 123RD ST.	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	T	<input type="checkbox"/> Delete
NAME	ESCUDERO, MARIO	
STREET ADDRESS	9884 NW 123RD ST.	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

4/21/03

Date

Daytime Phone #

CR2E034 (10/02)