

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90029 031 ***150.00

DOCUMENT # P00000113806

1. Entity Name

A.R. PAINTING CONTRACTOR INC.

Principal Place of Business

15270 SW 80TH STREET APT 16
MIAMI FL 33193

Mailing Address

15270 SW 80TH STREET APT 16
MIAMI FL 33193

2. Principal Place of Business

6225 SW 129 PLACE

3. Mailing Address

6225 SW 129 PLACE

Suite, Apt. #, etc.

2104

Suite, Apt. #, etc.

2104

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33183

Country

DADE

Zip

33183

Country

DADE

4. FEI Number

05-1059800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, ANA MARIA
15270 SW 80TH STREET APT 16
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name ANDRES RODRIGUEZ

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

6225 SW 129 PLACE #2104

City MIAMI

FL

Zip Code 33183

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, 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, 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

11. OFFICERS AND DIRECTORS

TITLE PVST
NAME ORTIZ, ANA MARIA
STREET ADDRESS 15270 SW 80TH STREET APT 16
CITY-ST-ZIP MIAMI FL 33193 ☒ Delete

TITLE D
NAME ORTIZ, ANA MARIA
STREET ADDRESS 15270 SW 80TH STREET APT 16
CITY-ST-ZIP MIAMI FL 33193 ☒ Delete

TITLE D
NAME RODRIGUEZ, ANDRES
STREET ADDRESS 15270 SW 80TH STREET APT 16
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-11-01 (305) 3892151

CR2E034 (10/00)