

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113806

1. Entity Name
A.R. PAINTING CONTRACTOR INC.

FILED

03 MAY -8 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6225 SW 129TH PLACE
2104
MIAMI FL 33183

Mailing Address
6225 SW 129TH PLACE
2104
MIAMI FL 33183

2. Principal Place of Business
6225 SW 129 PL
Suite, Apt. #, etc.
2104
City & State
Miami FL
Zip
33183
Country
USA

3. Mailing Address
6225 SW 129 Place
Suite, Apt. #, etc.
2104
City & State
Miami FL
Zip
33183
Country
USA

DO NOT WRITE IN THIS SPACE

83

4. FEI Number 65-1059800
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, ANDRES
6225 SW 129TH PLACE
2104
MIAMI FL 33183

7. Name and Address of New Registered Agent
Name
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.

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, ANDRES		NAME	800019737518	
STREET ADDRESS	15270 SW 80TH STREET APT 16		STREET ADDRESS	05/22/03--01046--020	**150.00
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-03. (205) 3892151

Date Daytime Phone #

CR2E034 (9/01)