

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90065 049 ***150.00

DOCUMENT # P01000005034

1. Entity Name

INDIGO PAINTING & FLOORING, INC.

Principal Place of Business

**11318 NW 2ND TERRACE
 MIAMI FL 33172**

Mailing Address

**11318 NW 2ND TERRACE
 MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

60 N.W. 44 Ave
 Suite, Apt., etc.

60 N.W. 44 Ave
 Suite, Apt., etc.

City & State

Miami FL 33126

City & State

Miami FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-1081823

Applied For

Not Applicable

5. Certificate of Status Desk

262512

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NASCO, JOSE
 11318 NW 2ND TERRACE
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **JOSE NASCO**

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

60 N.W. 44 Ave

City

Miami

FL

Zip Code
33126

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 **JOSE NASCO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASCO, JOSE 11318 NW 2ND TERRACE MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

JOSE NASCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/02

Date

Daytime Phone #

CR2E034 (9/01)