

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90228 023 \*\*\*150.00

0347949 AV

**DOCUMENT # P01000008326**

**1. Entity Name**  
**PALLADIAN PAINT COMPANY**



**Principal Place of Business**  
**800 SE 3RD AVENUE**  
**SUITE 301**  
**FT. LAUDERDALE FL 33316**

**Mailing Address**  
**800 SE 3RD AVENUE**  
**SUITE 301**  
**FT. LAUDERDALE FL 33316**

**2. Principal Place of Business**

**808 BRICKELL KEY DR**  
**Suite, Apt. #, etc.**  
**# 3405**

**3. Mailing Address**

**808 BRICKELL KEY DR**  
**Suite, Apt. #, etc.**  
**# 3405**

**City & State**  
**MIAMI FL**

**City & State**  
**MIAMI FL**

**Zip** **33131** **Country** **USA**

**Zip** **33131** **Country** **USA**

**4. FEI Number** **65-1070910**

**Applied For**  
**Not Applicable**

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

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**CANDULLO, CINZIA**  
**808 BRICKELL KEY DR., #3905**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

**Name** **CANDUSSO, CINZIA**  
**Street Address (P.O. Box Number is Not Acceptable)** **808 BRICKELL KEY DR #3405**  
**City** **MIAMI** **FL** **Zip Code** **33131**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RIZZI, STEFANO</b>	
<b>STREET ADDRESS</b>	<b>808 BRICKELL KEY DR., #3905</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33131</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CANDUSSO, CINZIA</b>	
<b>STREET ADDRESS</b>	<b>808 BRICKELL KEY DR., #3905</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33131</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>RIZZI, STEFANO</b>	
<b>STREET ADDRESS</b>	<b>808 BRICKELL KEY DR #3405</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33131</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CANDUSSO, CINZIA</b>	
<b>STREET ADDRESS</b>	<b>808 BRICKELL KEY DR #3405</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33131</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/17/03** **305-324-2893**

**Date** **Daytime Phone #**

CR2E034 (10/02)