

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90199 004 ***150.00

DOCUMENT # P01000012550

1. Entity Name
DANNY'S PAINTING INC.



Principal Place of Business
**8045 N.W. 7TH ST
AP 102
MIAMI FL 33126**

Mailing Address
**8045 N.W. 7TH ST
AP 102
MIAMI FL 33126**

2. Principal Place of Business

**9701 S.W. 77 Ave
APT 11**

3. Mailing Address

**9701 S.W. 77 Ave
APT 11**

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
FL

4. FEI Number **65-1075128**

App
Not

Zip Country
33156

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARDOSO, ANIBAL
8045 N.W. 7TH ST
#102
MIAMI FL 33126**

Change of Address
**9701 S.W. 77 Ave
APT # 11
Miami, FL 33156**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

**\$5.00
Added to**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CARDOZA, ANIBAL**
STREET ADDRESS **8045 N.W. 7TH ST. #102**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE