2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

P01000016238 **DOCUMENT #** 02-17-2002 90043 020 ***150 00 1. Entity Name GEORGE ARIAS PAINTING CONTRACTORS INC. Principal Place of Business Mailing Address 14502 SW 92ND COURT 14502 SW 82ND COURT MIAM! FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State -0090427 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARIAS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 14502 SW 92ND COURT MIAMI FL 33176 City 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 FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Seefuriteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ... ☐ Addition ☐ Delete TITLE ARIAS, GEORGE NAME NAME 14502 SW 92ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Addition NAME NAME arias, ines a 14502 SW 92ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33176 CITY-ST-ZIP Change ___ Addition TITLE Delete. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP □ Delete ☐ Change ☐ Addition UNE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta TILE ☐ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the reserver 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 a lother like empowered.

10 George Armo - President

FILED Mar 28, 2002 8:00 am Secretary of State