2002 Uniform Business Report (UBR)

Secretary of State P01000018149 **DOCUMENT #** 1. Entity Name 03-26-2002 90002 009 ***150.00 MODERN PAINTING OF BROWARD, INC. Principal Place of Business Mailing Address 3900 S.W. 52 AVE. 3900 S.W. 52 AVE. UNIT #201 UNIT #201 HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRAZIER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 3900 S.W. 52 AVE. UNIT #201 HOLLYWOOD FL 33023 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Addition TITLE □ Defete TITLE ☐ Change FRAZIER, WILLIAM NAME NAME CR2E034 3900 S.W. 52 AVE., UNIT #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP TITLE ۷D TITLE Change ☐ Addition NAME AYALA, LUIS NAME 3900 S.W. 52 AVE., UNIT #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP ☐ Delete TITLE ■ Addition FRAZIER, RONALD NAME NAME 3900 S.W. 52 AVE., UNIT #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33023 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 26, 2002 8:00 am

Daytime Phone #