

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90038 006 \*\*\*150.00

007081 AV

**DOCUMENT # P01000021239**  
 1. Entity Name  
**MAIRE'S PAINTING CONTRACTORS, INC.**

Principal Place of Business <b>3151 S.W. 27TH LANE MIAMI FL 33133</b>	Mailing Address <b>3151 S.W. 27TH LANE MIAMI FL 33133</b>
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2. Principal Place of Business <b>3151 SW 27 LN</b>	3. Mailing Address <b>3151 SW 27 LN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>MIA FL</b>	City & State <b>MIA FL</b>	4. FEI Number <b>65-1086733</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33133</b>	Country <b>USA</b>	Zip <b>33133</b>	Country <b>USA</b>

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

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

**RAMIREZ, MAIRENI**  
**3151 S.W. 27TH LANE**  
**MIAMI FL 33133**

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

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	<b>PD RAMIREZ, MAIRENI 3151 S.W. 27TH LANE MIAMI FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD RAMIREZ, MARCIANA 3151 S.W. 27TH LANE MIAMI FL 33133</b> <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
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

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.

SIGNATURE: Maireni Ramirez **MAIRENI RAMIREZ** 2/25/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (9/01)