

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90226 007 ***150.00

DOCUMENT # P01000021361

1. Entity Name

FL QUALITY PAINT & MAINT., INC.

Principal Place of Business

**9601 FONTAINEBLEAU BLVD STE 211
MIAMI FL 33172**

Mailing Address

**9601 FONTAINEBLEAU BLVD STE 211
MIAMI FL 33172**

2. Principal Place of Business

16134 SW 44 LANE

Suite, Apt. #, etc.

3. Mailing Address

16134 SW 44 LANE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33185

Country

DADE

Zip

33185

Country

DADE

4. FEI Number

#65-1081304

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERNANDEZ, MANUEL R**9601 FONTAINEBLEAU BLVD STE 211
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

MANUEL R. FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

16134 SW 44 LANE

City

MIAMI**FL**

Zip Code

33185

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

MANUEL R. FERNANDEZ**03-18-02**

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

(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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	FERNANDEZ, MANUEL R	9601 FONTAINEBLEAU BLVD STE 211	MIAMI FL 33172	<input type="checkbox"/>

TVD	FERNANDEZ, CARLOS A	9601 FONTAINEBLEAU BLVD STE 211	MIAMI FL 33172	<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	FERNANDEZ, MANUEL R.	16134 SW 44 LANE	MIAMI, FL 33185	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TVD	FERNANDEZ, CARLOS A.	16134 SW 44 LANE	MIAMI, FL 33185	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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: **MANUEL R. FERNANDEZ** Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/02

Date

(305) 551-6554

Daytime Phone

CR2E034 (9/01)