AMENDED - 2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 26 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Entity Name
SPRAY EQUIPMENT REPAIR CENTER INC.
P01000031048 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18153 SW 93 AV.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State MIAMI, FL	City & State
Zip 33157 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1103836 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ANA RAQUEL MEDINA

Street Address (P.O. Box Number is Not Acceptable): 18153 SW 93 AV.

City: MIAMI, FL FL Zip Code: 33157

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: Anaraquel Medina ANA RAQUEL MEDINA 4/19/02.
Signature, type 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P,D
NAME	DANIEL E. CASTRO
STREET ADDRESS	18153 SW 93 AV.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	S,D
NAME	DANIEL J. CASTRO
STREET ADDRESS	18153 SW 93 AV.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	V,D
NAME	PABLO CASTRO
STREET ADDRESS	18153 SW 93 AV.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	MARCELA CASTRO
STREET ADDRESS	18153 SW 93 AV.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel E. Castro DANIEL E CASTRO V.P. PRESIDENT 4/19/02 (305) 949-1084.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/18/02