

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
ORLANDO PAINTING & HOME IMPROVEMENTS CORP.

Principal Place of Business
**11242 SW 24 TERRACE
MIAMI FL 33165**

Mailing Address
**11242 SW 24 TERRACE
MIAMI FL 33165**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1092182**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE LA ROSA, ORLANDO
11242 SW 24 TERRACE
MIAMI FL 33165**

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	DE LA ROSA, ORLANDO	11242 SW 24 TERRACE	MIAMI FL 33165				
VD	DE LA ROSA, LYDA	11242 SW 24 TERRACE	MIAMI FL 33165				

900024518069
11/07/03--01085--016 **150.00

12. 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 10 or Block 11 if changed, or on an attachment with the address, with all other the emboldered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

October 22, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: ORLANDO PAINTING & HOME IMPROVEMENTS CORP.
FEI #65-1092182

I received the notice to renew the corporation and I sent a check #1461 in the amount of \$150.00 on 4/05/03. According to your customer service agent that I spoke to on the phone, she stated that I should have received a notice in July warning me that I had not paid. I never received that notice, or else I would have immediately contacted you in July to fix this problem. The only notice I received was the one now in October. Which I immediately contacted your Department and I also contacted my bank. They informed me that the check was never deposited. I went ahead and put a stop payment, which I am sending copy of the notice with this letter. I truly apologize for the mix up. Obviously the problem has been due to the mail. I hope you can understand and are able to waive the late penalty.
Attached please find my check #1651 in the amount of \$150.00 to replace the one that you never received.

I would really appreciate it that you understand the mistake. Thank you for your time and consideration.

Sincerely yours,



ORLANDO DE LA ROSA
11242 SW 24th Terrace
Miami, FL 33165
305-331-2346