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FILED Jun 19, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State **DOCUMENT #** P01000058691 05-28-2002 90721 036 ***150.00 1. Entity Name **GUEVARA PAINTING, CORP.** Principal Place of Business Mailing Address 6240 S.W. 22 CT 6240 S.W. 22 CT. 93862 MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. EEI Number Applied For City & State City & State Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUEVARA, EZEQUIEL Street Address (P.O. Box Number is Not Acceptable) 6240 S.W. 22 CT MIRAMAR FL 33023 Zip Code City 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, typed or printed name of registered agent and title if applicable. · . . . DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:11. 11. 12. (9/01) TITLE ☐ Change Addition Delete TITLE NAME GUEVARA, EZEQUIEL AAME **CR2E034** STREET ADDRESS STREET ADDRESS :6240-S.W. 22 CT CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete ☐ Change ☐ Addition πTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition C Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-7IP-Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS :]:- rance is uniform CITY-ST-ZIP CITY-ST-ZIP EXIDEM SO CACHELLES OF Addition -C Detete TITLE ... SIENSE EXECUTE 4,50 NAME . NAME , . . . Sand Sandy . STREET ADDRESS STREET ADDRESS in the Claudon Creme, on the colory ದರ್ಭಾರ ನಾಶಕ್ಷಣ ಒ ಮೇಗೂ 网络美国海豚 CITY-ST-2IP ' 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.