

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90071 034 \*\*\*158.75

**DOCUMENT # P01000061253**

1. Entity Name

**C.H. PRESSURE CLEANING AND PAINTING CO.**

Principal Place of Business

Mailing Address

~~3352 SW 7TH ST~~  
~~MIAMI FL 33135~~

~~3352 SW 7TH ST~~  
~~MIAMI FL 33135~~

2. Principal Place of Business

3. Mailing Address

**1202 S.W. 30 AVE**

**1202 S.W. 30 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33135**

Country

**USA**

Zip

**33135**

Country

**USA**

4. FEI Number

**65-1153749**

Applied For

☐ Not Applicable

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

Name

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

**1202 S.W. 30 AVE.**

City

**Miami**

**FL**

Zip Code

**33135**

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

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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, CARLOS S	
STREET ADDRESS	3352 SW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FEVERINTO, ALVARO P	
STREET ADDRESS	3352 SW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILBERT, LUIS A R	
STREET ADDRESS	3352 SW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADRIAN LEBRATO	
STREET ADDRESS	29322 N.W. 52 CT.	
CITY-ST-ZIP	MIAMI, FLA. 33055	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANDIS ALVAREZ	
STREET ADDRESS	1962 N.W. 22 CT	
CITY-ST-ZIP	MIAMI, FLA. 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**SIGNATURE: X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-25/02** **(305) 785-5762**

Date

Daytime Phone #

0217851 AV

CR2E034 (9/01)