

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90093 047 ***550.00

DOCUMENT # **P01000081210**

1. Entity Name

E.T. PAINTING, INC.

DO NOT WRITE IN THIS SPACE

978153

2. Principal Place of Business

6210 NW 42 Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

4. FEI Number

65-1157691

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEPHEN B. ROSENTHAL

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

8142 N. University Dr.

City

TAMARAC

FL

Zip Code

33321

**DO NOT WRITE
IN THIS SPACE**

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) ☒

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 NAME STREET ADDRESS CITY - ST - ZIP	D, P, S, T GREG PINTO 6210 NW 42 Ct Coral Springs, FL 33067	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RAMPERAD GANGERPERAD 2000 NE 6 LANE WILTON MANORS, FL 33334	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. SHAMEER MOHAMMED 2804 NE 6 LANE WILTON MANORS, FL 33334	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **GREG PINTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY PINTO / PRESIDENT

8-28-02

Date

Daytime Phone #