

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

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90015 047 \*\*\*150.00

DOCUMENT # *P01000082941*

1. Entity Name **TI & G PAINTING AND CLEANING INC.**

**DO NOT WRITE IN THIS SPACE**

**94051804**

2. Principal Place of Business 3. Mailing Address

**19390 COLLING AVE. S. 308**

Suite, Apt. #, etc.

**308**

Suite, Apt. #, etc.

City & State

**SUNNY ISLES FL.**

City & State

Zip

**33160**

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-11316 57**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**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.

**3/29/4**

SIGNATURE

*Teresa Gallegos*

(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	<b>President</b> <b>Teresa Gallegos</b> <b>19390 Colling Ave. #308</b> <b>Sunny Isles Fl. 33160</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:

*Teresa Gallegos*

**3/29/04**

Date

Daytime Phone #

CR2E034B (12/01)