

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90365 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P01000097622
1. Entity Name	
S V PAINTING DESING INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7754 NW 71 ST		620 SW 9TH ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		#05	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33166		33130	

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
61-1145424	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
SANDRO VEIGA	
Street Address (P.O. Box Number is Not Acceptable)	
620 SW 9TH	
#05	
City	Zip Code
MIAMI	33130

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANDRO VEIGA
STREET ADDRESS	620 SW 9TH ST. #05
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-21-2003 1784 4861386