

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-14-2002 90039 033 ***150.00

DOCUMENT # P01000109427

1. Entity Name

LORD & CHARLES PAINTING, CORP.

Principal Place of Business

**1266 S. MILITARY TRAIL
523
DEERFIELD BEACH FL 33442**

Mailing Address

**1266 S. MILITARY TRAIL
523
DEERFIELD BEACH FL 33442**

10400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME ABOVE
Suite, Apt. #, etc.

3. Mailing Address

SAME ABOVE
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1152741

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AQUILINO, JULIANA
3961 N. FEDERAL HWY
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **DESPACHANTE BRASILEIRO**
Street Address (P.O. Box Number is Not Acceptable)

**3961 N. Federal Hwy
POMPANO BEACH FL 33064**

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

01/07/02

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	P	<input type="checkbox"/> Delete
NAME	PINTO, CHARLES	
STREET ADDRESS	1266 S. MILITARY TRAIL #523	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

1954 421-6824

Daytime Phone #

CR2E034 (9/01)