

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

FILED

03 DEC 10 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000007100**

1. Entity Name

**MALIBU PAINTING, INC**



**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 03**

**400025385324**  
**12/10/03--01022--013 \*\*150.00**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3210 NW 103 Terrace**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**sunrise FL**

City & State

Zip

**33351**

Country

**USA**

Zip

Country

4. FEI Number

**800029385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Nikolai KANAVROV**

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

**7745 NW 78 CT**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and shall apply to.

(NOTE: Registered Agent signature required when reappointing)

**12/1/03**

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  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME **Nikolai KANAVROV**  
STREET ADDRESS  
CITY-STATE-ZIP **7745 NW 78 CT TAMARAC FL 33321**

TITLE  
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CITY-STATE-ZIP

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/2/23 (954) 724-2834**  
Date Daytime Phone #

CR2E034B (12/02)

**MALIBU PAINTING, INC**

December 2,, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314



To Whom It May Concern:

We never received the documents regarding submitting the Annual Report for the past year. Enclosed please find the Application for Reinstatement with a check in the amount of \$150.00 which reflects payment in full. Please confirm the receipt of this correspondence and advise accordingly.

Very truly yours,

Nikolai Kanavrov