

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91417 018 \*\*\*158.75

DOCUMENT # P02000007842

1. Entity Name

LUXURY PAINTING AND PRESSURE CLEANING, INCORPORATED



Principal Place of Business  
14062 SOUTHWEST 48TH STREET  
MIAMI FL 33175

Mailing Address  
14062 SOUTHWEST 48TH STREET  
MIAMI FL 33175

2. Principal Place of Business

15801 NW 52 AVE

3. Mailing Address

same

Suite, Apt. #, etc.

# 108

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

4. FEI Number

01-0588240

Applied For

Not Applicable

Zip

33014

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE, SUITE 1114  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

JOSEAN CRUZ

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

15801 NW 52 AVE

City

#108  
MIAMI

FL

Zip Code

33014

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 title if applicable.

JOSEAN CRUZ

1/28/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 D  
NAME CRUZ, JOSEAN  
STREET ADDRESS 14062 SOUTHWEST 48TH STREET  
CITY-ST-ZIP MIAMI FL 33175

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P  
NAME CRUZ, JOSEAN  
STREET ADDRESS 15801 NW 52 AVE #108  
CITY-ST-ZIP MIAMI FL 33014

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, 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

CRUZ, JOSEAN, PRESIDENT 1/28/03 305-620-5879

Date

Daytime Phone #

CR2E034 (10/02)