


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

05-05-2003 90376 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000033289**

1. Entity Name
U.S.A. PAINTING AND WATERPROOFING CORP.



Principal Place of Business: **10880 SW 68 DR MIAMI FL 33173**

Mailing Address: **10880 SW 68 DR MIAMI FL 33173**

2. Principal Place of Business: Sure, Apt. #, etc.

3. Mailing Address: Sure, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FEI Number: **57-1143964** Applied For: _____
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **VALDES, ANDRES 10880 SW 68 DR MIAMI FL 33173**

7. Name and Address of New Registered Agent: _____

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: _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	NAME: VALDES, ANDRES	TITLE:	NAME:
STREET ADDRESS: 10880 SW 68 DR	CITY-ST-ZIP: MIAMI FL 33173	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: V	NAME: VALDES, MARIBEL	TITLE:	NAME:
STREET ADDRESS: 10880 SW 68 DR	CITY-ST-ZIP: MIAMI FL 33173	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME: John Nausome
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP: 115 Venetian Way Wals Fl 33486
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

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 reports 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 507, 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: *Andres Valdes* *Andres Valdes* **4/30/03** **30F-9947133**

CR2E034 (10/02)