FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90102 023 ***150.00

Entity Name
F PAINTING CORP.

P02000037225



Principal Place of Business Mailing Address 18290 MEDITERRANEAN BLVD., #503 18290 MEDITERRANEAN BLVD., #503 MAMITLAKES FL 33015 3 CT MIAMI LAKES FL 33015 17913NW 63 CT MIAMI LAKES, FL 33015 MIAMI LAKES, FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State <u>75-3047965</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEZA. JULIO C Street Address (P.O. Box Number is Not Acceptable) 18290 MEDITERRANEAN BLVD., #503 MIAMI LAKES FL 33075 63 ET Zip Code MIAMILAKES, FL 33015 .City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE TITLE ☐ Delete MEZA, JULIO C NAME NAME 17913 NW 63 CT STREET ADDRESS 18290 MEDITERRANEAN BLVD., #503 STREET ADDRESS MI AMILAKES, FL MIAMI LAKES FL 33015 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE VSD TITLE DIAZ, FRANCISCO NAME NAME STREET ADDRESS STREET ADDRESS 18290 MEDITERRANEAN BLVD., #503 کدا ن گ CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33015 TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 attachagent with an address, with all other like empowered.

SIGNATURE:

FAULUSCO DIA FERMINE OF SIGNING OFFICER OR DIRECTOR

01/28/200

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Daytime Phone #

R2E034 (10/02)