

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000043645

1. Entity Name

BROTHERS PAINTING, INC.



FILED

03 NOV -6 AM 10:32

SECRETARY OF STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

100024489331

11/06/03--01050--014 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6871 SW 9 ST
Suite, Apt. #, etc.

3. Mailing Address
6871 SW 9 ST
Suite, Apt. #, etc.

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES FL

4. FEI Number
01-0681328

Applied For
Not Applicable

Zip
33023

Country
USA

Zip
33023

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name RAMIREZ JAVIER

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

6871 SW 9 ST

City PEMBROKE PINES FL

Zip Code
33023

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
STREET ADDRESS
CITY - ST - ZIP
D
RAMIREZ JAVIER
6871 SW 9 ST
PEMBROKE PINES FL 33023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
RAMIREZ JUAN
6871 SW 9 ST
PEMBROKE PINES FL 33023

TITLE
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CITY - ST - ZIP
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RAMIREZ RICARDO
6871 SW 9 ST
PEMBROKE PINES FL 33023

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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

Date

Daytime Phone #

CR2E0345 (12/02)

BROTHERS PAINTING, INC.
6871 SW 9 STREET
PEMBROKE PINES FL 33023

October 31, 2003

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

REF: BROTHERS PAINTING, INC.
DOCUMENT#: P02000043645

Dear Sir or Madam:

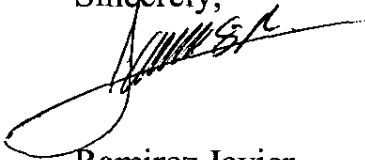
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ramirez Javier', with a large, sweeping loop at the end.

Ramirez Javier
RJ/re