## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P02000056327 **DOCUMENT #**

1. Entity Name

TARGET PAINTING CORP.



**FILED** Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90149 018 \*\*\*150.00

528 S.W. 88TH MIAMI FL 331		528 S. MIAMI	Mailing Address 528 S.W. 88TH PLACE EAST MIAMI FL 33174								
2. Principal F	Place of Business	3. Mail	ling Address				( 1601130) 111 90119 (101) 80111 92111	19()) 8 <b>2</b> )4) <del>5</del> (()	# #(1 <b>#4</b> )(11# 1		
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Star	te	City	City & State			4.	FEI Number 41-204311:		Applied For Not Applicable		
Zip	Country Zip			Country			5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent FAVRA, WALDO JR 528 S.W. 88TH PLACE EAST					7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33174				City			FL	Zip Code	e	
the obligation	e naimed entity submits this statement it tions of registered agent.  Signature, typed or printed name of registered agent  FILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00	t and title if app		!		egistered ag	einstating)  9. Election Campaign Final	DATE	\$5.0	<b>0</b> May Be	
Make Checi	k Payable to Florida Department	of State	<u></u>				Trust Fund Contribution.			to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD Delete FAURA, WALDO JR 528 S.W. 88TH PLACE EAST MIAMI FL 33174 VP Delete			NAME STREE CITY-	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DDITIONS/CHANGES TO OFFIC	[	☐ Change ☐ Change	S IN 11 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, MANUEL 1835 S.W. 19TH TERRACE, APT MIAMI FL 33155	. #4			E ET ADDRESS - ST-ZIP			.11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAURA, WALDO SR. 6860 S.W50TH TERRACE MIAMI FL 33155	- 🛶	Delete			100	e e e e e e e e e e e e e e e e e e e		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOJON, ARMANDO 2972 S.W. 65TH AVENUE MIAMI FL 33155		Delete					(	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	s true and a	accurate and that n	nv signat	ure shall hav	e the same	legal effect as if made under oa	th: that I am	an officer	or director	