

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

DOCUMENT # **P02000064945**

1. Entity Name

North Star Painting Systems, Inc.



**FILED**

03 OCT -6 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4860 NW 114th CT

Suite, Apt. #, etc.

3. Mailing Address  
4860 NW 114th CT

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number

**02-0614512**

Applied For

Not Applicable

Zip  
33178

Country  
USA

Zip  
33178

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**10/6**

**7. Name and Address of Current Registered Agent**

Name **Juan Daniel Diaz**

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

City **Miami**

**FL**

Zip Code  
**33178**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**10-1-03**

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 **P**  
NAME **Juan D. Diaz Sr.**  
STREET ADDRESS **4860 NW 114th Ct.**  
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**200023669102**  
**10/09/03-01065-006 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-1-03**

Date

**786-236-4440**

Daytime Phone #

CR2E034B (12/02)

FILED

03 OCT -6 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/23/03 RETURN MAIL DETAIL SCREEN 7:59 AM  
CORP. NUMBER: P02000064945 CORP NAME: NORTH STAR PAINTING SYSTEMS, INC.

2003

ANNUAL REPORT SECOND NOTICE RETURNED BOX: 0027

---