

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90241 023 \*\*\*150.00

DOCUMENT #P02000097409

1. Entity Name

PRESSURE + PAINT ONE, INC



**DO NOT WRITE IN THIS SPACE**

11017028

2. Principal Place of Business

8134 SW 163 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL.

City & State

4. FEI Number

37-1450572

Applied For

Not Applicable

Zip

33193

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ALEXIS PEREZ

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

8134 SW 163 AVE

City

MIAMI FL. 33193

FL

Zip Code

33193

**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

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	PEREZ ALEXIS
STREET ADDRESS	8134 SW 163 AVE
CITY - ST - ZIP	MIAMI FL. 33193
TITLE	S
NAME	PEREZ ELIZABETH
STREET ADDRESS	8134 SW 163 AVE
CITY - ST - ZIP	MIAMI FL. 33193
TITLE	
NAME	
STREET ADDRESS	
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**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

4/23/03

Date

305-387-2542

Daytime Phone #