FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2004

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90243 031 ***150.00

DOCUMENT # P02000109553

1. Entity Name
USA PAINTING & TILE INC.

DO NOT WRITE IN THIS SPACE

94072270

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11785 N.W. 5TH ST	11785 N.W. 5TH ST
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. FEI Number: 03-0488469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: FAUSTINO CONDE
Street Address (P.O. Box Number is Not Acceptable): 11785 N.W. 5TH ST
City: PLANTATION FL Zip Code: 33325

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.

SIGNATURE: X [signature]

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	FAUSTINO CONDE	NAME	
STREET ADDRESS	11785 N.W. 5TH STREET	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33325	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 04/23/04 954-274-0147
Date Daytime Phone #