

**2008 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

06-05-2008 90002 038 \*\*\*150.00

**DOCUMENT # P05000072224**

1. Entity Name

**AMPARO PAINTING CORP**

Principal Place of Business

Mailing Address

**7006 NW 101ST AVE  
 TAMARAC FL 33321-2266**

**SAME**

**60044000**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7006 NW 101ST AVE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMARAC FL**

City & State

4. FEI Number

**20-2891116**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33321-2266**

**BROWARD**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GABRIEL AMPARO  
 7006 NW 101ST AVE  
 TAMARAC FL 33321-2266**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** NAME **GABRIEL AMPARO**  Delete  
 STREET ADDRESS **7006 NW 101ST AVE**  
 CITY-ST-ZIP **TAMARAC FL 33321-2266**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*[Signature]*

05-14-08 (954) 234-6426

Signature and typed or printed name of issuing officer or director

Date

Daytime Phone #

CP2E034 (5/00)

ATTACHMENT

60044063  
#P05000072224

I PAID LATER BECAUSE  
I NEVER RECEIVE  
ANY DOCUMENTS  
LIKE THIS COPY.

THANK YOU