

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000001536

1. Entity Name

ALL-COAT PAINTING, INC.

Principal Place of Business

1304 SW 160 AVE  
SUITE 231  
SUNRISE FL 33326

Mailing Address

1304 SW 160 AVE  
SUITE 231  
SUNRISE FL 33326-1902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0366205

Applied For

Not Applicable

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

ESCOBAR, TERESA  
1304 SW 160 AVENUE #231  
SUITE 101  
SUNRISE FL 33326

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)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
ESCOBAR, TERESA  
1304 SW 160 AVE #231  
SUNRISE FL 33326

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Addition  
28  
A8-42

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
ESCOBAR, GUSTAVO  
1304 SW 160 AVE #231  
SUNRISE FL

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Change  
Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90054 049 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)