

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002626

1. Entity Name
GERRY CLARKE CUSTOM PAINTING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90119 019 ***150.00

Principal Place of Business
6750 S W 29TH STREET
APT 3
MIAMI FL 33155
US

Mailing Address
6750 SW 29 ST
APT 3
MIAMI FL 33155-3814
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6750 S.W. 29 ST.
Suite, Apt. #, etc.

3. Mailing Address
6750 S.W. 29 ST.
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number 65-0367089
Applied For
Not Applicable

Zip 33155 Country U.S.A.

Zip 33155 Country U.S.A.

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

6. Name and Address of Current Registered Agent
CLARKE, GERRY
6750 SW 29 ST
APT 3
MIAMI FL 33155

7. Name and Address of New Registered Agent
Name CLARKE, GERRY
Street Address (P.O. Box Number is Not Acceptable)
6750 S.W. 29 ST.
City Miami FL Zip Code 33155

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 Gerard A. Clarke
(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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, GERRY		NAME		
STREET ADDRESS	6750 SW 29TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Gerard A. Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARD A. CLARKE
Date 4/22/00 Daytime Phone # 305-666-0406

CR2E034 (9/99)