

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058300

1. Entity Name

PAINT MASTERS U.S.A. INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90011 010 ***150.00

Principal Place of Business

Mailing Address

4700 HIATUS RD., #356
SUNRISE FL 33351

4700 HIATUS RD., #356
SUNRISE FL 33309-3104

2. Principal Place of Business

3. Mailing Address

957 NW 53rd Street

957 NW 53rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL 33309

City & State

Ft. Lauderdale FL 33309

4. FEI Number

65-0438606

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

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

FILOCCO, JOHN
4700 HIATUS RD., #356
SUNRISE FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)
957 NW 53rd Street

City, Lauderdale

FL | Zip Code 33309

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

John Filocco

January 10, 2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FILOCCO, GINA	
STREET ADDRESS	3221 NE 38TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FILOCCO, JOHN	
STREET ADDRESS	3221 NE 38TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2000 954-491-6969

Date

Daytime Phone #