

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90117 015 ***150.00

DOCUMENT # P94000011343

1. Entity Name
PRIME BELUSKOV PAINTING, INC.



Principal Place of Business
**9553 FOX TROT LANE
BOCA RATON FL 33496
US**

Mailing Address
**9553 FOX TROT LANE
BOCA RATON FL 33496
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5061 STARBLAZE DRIVE

3. Mailing Address

5061 STARBLAZE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENACRES, FL.

City & State

GREENACRES, FL.

4. FEI Number

65-0476254

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

33463

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELUSKOV, STOJANCO
9553 FOX TROT LANE
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name

SAME (ONLY DIFFERENT ADDRESS)

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

5061 STARBLAZE DRIVE

City

GREENACRES,

FL

Zip Code

33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **BELUSKOV, MILE**
STREET ADDRESS **9553 FOXTROT LN**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **PD** ☐ Delete
NAME **BELUSKOV, STOJANCO**
STREET ADDRESS **9553 FOXTROT LN**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Change ☐ Addition
NAME **BELUSKOV, MILE**
STREET ADDRESS **5059 STARBLAZE DRIVE**
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **PD** ☐ Change ☐ Addition
NAME **BELUSKOV, STOJANCO**
STREET ADDRESS **5061 STARBLAZE DRIVE**
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF STOJANCO BELUSKOV

1/7/03

(561)304-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)