

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/2

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90199 025 \*\*\*150.00

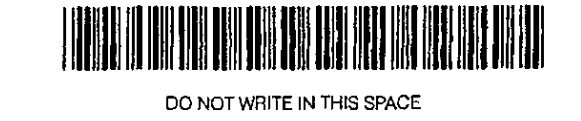
**DOCUMENT # P94000013216**

1. Entity Name  
**S. MOLINA PAINTING INC.**

Principal Place of Business 14257 SW 165 ST MIAMI FL 33177 US	Mailing Address <del>150 BELLWOOD</del> <del>MIAMI BEACH FL 33139</del> <del>US</del>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



4. FEI Number **65-0474426** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**MOLINA, SALVADOR**  
**14257 SW 165TH ST**  
**MIAMI FL 33177**

7. Name and Address of New Registered Agent  
 Name **SALVADOR MOLINA**  
 Street Address (P.O. Box Number is Not Acceptable) **8413 HARDING AVE APT 17**  
 City **MIAMI BEACH FL** Zip Code **33141**

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 \_\_\_\_\_ (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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MOLINA, SALVADOR</b>
STREET ADDRESS	<b>P.O. BOX 850753, N.A.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
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	<b>P/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALVADOR MOLINA</b>
STREET ADDRESS	<b>14257 SW 165 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33177</b>
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: SALVADOR MOLINA **SALVADOR MOLINA: PRESIDENT** 1/14/00 305-743-4445  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)