2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P94000022048** 1. Entity Name JOMA PAINTING, INC. 04-25-2001 90054 047 ***150.00 Principal Place of Business Mailing Address 2560 N.W. 83RD AVE. 2560 N.W. 83RD AVE. SUNRISE FL 33322 SUNRISE FL 33322 2. Principal Place of Busines 3. Mailing Address 38th Drive 1317 MI Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0475507 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEDOYA, MARIELA 2560 N.W. 83RD AVE. SUNRISE FL 33222 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, which state of Florida 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE ☐ Delete TITLE P50 Change Addition NAME BEDOYA, MARIELA Bedaya, Mariela NAME UZIZNIW 38th Drive Cloral Springs, FZ STREET ADDRESS 2560 N.W. 83RD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 VPSD TITLE ☐ Delete TITLE X Addition Change NAME David , David STREET ADDRESS STREET ADDRESS 6312 NW 3840 Drive CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition

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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.

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

☐ Change

Addition

CR2E034 (10/00)