

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077659

1. Entity Name

ARMENTO PAINTING & SONS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90041 030 ***150.00

Principal Place of Business

15480 EMMELMAN RD.
WELLINGTON FL 33414
US

Mailing Address

15480 EMMELMAN RD.
WELLINGTON FL 33414-8349
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0537439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMENTO, ROCCO J
15480 EMMELMAN RD.
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	DP	<input type="checkbox"/> Delete
NAME	ARMENTO, ROCCO J	
STREET ADDRESS	15480 EMMELMAN RD.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALINA, FRANK	
STREET ADDRESS	703 MARBLEWOOD DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUZMAN, LUIS	
STREET ADDRESS	68 SPARROW PL	
CITY-ST-ZIP	BOYNTON BEACH FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARMENTO, JOAN	
STREET ADDRESS	15480 EMMELMAN RD.	
CITY-ST-ZIP	WELLINGTON FL 33414	
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
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/2000

5612988928