

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

DOCUMENT # P9500012582

1. Entity Name

Santa Rosa Painting, Inc.



FILED
05 JAN 19 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4329 N.W. 56th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

65-0558753

Applied For

Not Applicable

Zip

33166

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lozano, Rafael

Street Address (P.O. Box Number Not Allowed)

4329 N.W. 56th Street

City

Miami

FL

Zip Code

33166

**DO NOT WRITE
IN THIS SPACE**

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 obligation of, the registered agent.

SIGNATURE

Signature must be printed name of registered agent and title if applicable.

DATE Registered Agent signature required when reappointing

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	Lozano, Rafael
STREET ADDRESS	4329 N.W. 56th Street
CITY-STATE-ZIP	Miami, FL 33166
TITLE	
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800045450859
01/25/05-01/25/05-01/25/05-01/25/05

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied within 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 creator or trustee of a trust; and that I executed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, or location, if the business is a partnership.

SIGNATURE:

[Signature]

Rafael Lozano

January 3/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Typed Name

CR20345 (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **SANTA ROSA PAINTING, INC**

Thank you for your courtesy in this matter.



RAFAEL LOZANO
PRESIDENT