

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90088 042 ***150.00

DOCUMENT # P95000012582

1. Entity Name
SANTA ROSA PAINTING, INC.



Principal Place of Business

**14999 SW 59TH STREET
MIAMI FL 33193**

Mailing Address

**10330 SW 136 COURT
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

SANTA ROSA PAINTING INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12645 SW 93 PL

City & State

City & State

MIAMI, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0558753

Applied For

Not Applicable

Zip

33176

Country

DADE

Zip

33176

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOZANO, RAFAEL

**14999 SW 59TH STREET
MIAMI FL 33193**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HERNANDEZ, ELBA
14999 SW 59TH STREET
MIAMI FL 33193** ☐ Delete

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

TITLE
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LOZANO, RAFAEL
14999 SW 59TH STREET
MIAMI FL 33193** ☐ Delete

TITLE
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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/03 (305) 971-9679

CR2E034 (10/02)