2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Mar 05, 2002 8:00 am § Secretary of State DOCUMENT # P95000091172 1. Entity Name J.J CUSTOM PAINTING & INTERIOR DESIGN, INC. 03-05-2002 90085 028 ***150.00 Principal Place of Business Mailing Address 10FO C W 20TH AVE -1250 C.W. 28TH AVS FT: LAUDERDALE FL-32012 FT. LAUDERDALF FL 33012 2. Principal Place of Business 3. Mailing Address 21633 Sullers lane 21633 Sullers lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Paton Boca Ralon Boca 65-0621214 Not Applicable Country \$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 Quiroz Ivan Pedro. Name -QUIROZ: JUAN PEDRO-21633 Sutters Lane Street Address (P.O. Box Number is Not Acceptable) 1250 SW 28 AVE. Boca Raton, Florida FT. LAUDERDALE-FL 33012 Zip. 33428. City 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P Quitoz Juan Pedio. TITLE TITLE ☐ Addition CR2E034 (9/01) Change 21633 Sullers las CHAME NAME STREET ADDRESS STREET ADDRESS Boca Raton Florida CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

FILED