

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003988

1. Entity Name

OSVALDO RODRIGUEZ PAINTING, CORP.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90122 009 ***150.00

Principal Place of Business

Mailing Address

120 ROYAL PALM

120 ROYAL PALM

309
HIALEAH FL 33016

309
HIALEAH FL 33016-4647

C0011992



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. EEI Number

65-0632893

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, OSVALDO

120 ROYAL PALM 309 apt. 309 Bldg # 2
HIALEAH FL 33016

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RODRIGUEZ, OSVALDO
STREET ADDRESS 120 ROYAL PALM #316
CITY-ST-ZIP HIALEAH FL

TITLE
NAME
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TITLE VP
NAME RODRIGUEZ, REGINALDO
STREET ADDRESS 10090 NW 80 CT
CITY-ST-ZIP HIA GRDS FL 33016

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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 #

Jan 14/2000