

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020140

1. Entity Name

FURNITURE PAINTING CREATIONS INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90087 044 ***150.00

Principal Place of Business

1050 N.W. 1ST AVENUE #14/15
BOCA RATON FL 33432

Mailing Address

1050 MW 1ST AVENUE
14/15
BOCA RATON FL 33432-1824
US

2. Principal Place of Business

1395 NW 17th Avenue
Suite, Apt. #, etc. 105

3. Mailing Address

1395 NW 17th Avenue
Suite, Apt. #, etc. 105

City & State

DELRAY BEACH

City & State

DELRAY BEACH, FL

Zip

33445

Country

FL

Zip

33445

Country

FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0646912

Applied For

Not Applicable

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

KUTYLA, ZBIGNIEW

1050 N.W. 1ST AVENUE #14/15
BOCA RATON FL 33432

Name

KUTYLA, ZBIGNIEW

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

1395 NW 17th AVENUE # 105

City

DELRAY BEACH

FL

Zip Code

33445

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 D ☐ Delete
NAME KUTYLA, ZBIGNIEW
STREET ADDRESS 1050 N.W. 1ST AVENUE #14/15
CITY-ST-ZIP BOCA RATON FL

TITLE P ☒ Change ☐ Addition
NAME KUTYLA, ZBIGNIEW
STREET ADDRESS 1395 NW 17th AVENUE # 105
CITY-ST-ZIP DELRAY BEACH, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/5/00 (561)
330-2516
Date Daytime Phone #

CR2E034 (9/99)