

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

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90326 016 \*\*\*150.00

DOCUMENT # P96000025192

1. Entity Name

~~ASBEZ- PAINTING- & WATERPROOFING, INC.~~

**DO NOT WRITE IN THIS SPACE**

**636234**

2. Principal Place of Business  
6381 SW 49TH STREET

3. Mailing Address  
6381 SW 49TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number **65-0655924**

Applied For  
Not Applicable

Zip 33155 Country

Zip 33155 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **MICHAEL SCHWARTZ**

Street Address (P.O. Box Number is Not Acceptable)  
**2514 HOLLYWOOD BLVD**

**SUITE #508**

City **HOLLYWOOD** **FL** Zip Code **33020**

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 of officer or director if registered agent is not applicable (If FEI Registered Agent signature required, when not state agent)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE **P**  
NAME **ZARANDY, ANDRES**  
STREET ADDRESS **451 NE 90TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** **DELETE [X]**  
NAME **ZARANDY, SILVIA**  
STREET ADDRESS **451 NE 90TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANDRES ZARANDY**  
**PRESIDENT**

**4/02/02**