2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 06, 2000 8:00 am Secretary of State DOCUMENT # P96000033737 1. Entity Name AMERICAN WATERPROOF PAINTING & RESTORATION CO., 03-06-2000 90024 045 ***158.75 Principal Place of Business Mailing Address 105 N.W. 109 AVENUE 105 N.W. 109 AVENUE PEMBROKE PINES FL 33026-5100 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address 1461 N.W. 132 AVENUE 1461 N.W. 132 AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0669947 PEMBROKE PINES, FL. PEMBROKE PINES, FL. Not Applicable Zip 33028 Zip Country Country \$8.75 Additional Certificate of Status Desired USÁ Fee Required 33028 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VACA, JORGE D Street Address (P.O. Box Number is Not Acceptable) 1461 N.W. 132 AVENUE 105 NW 109 AVE 7-106 PEMBROKE PINES FL 33026 33028 PEMBROKE PINES r the purpose of changing its registered office or registered agent, or both, in the State of Florida. au8. The above named entity s SIGNATURE DATE agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ▼ Change Addition D ☐ Delete TITLE ADDRESS 1461 N.W. 132 AVENUE NAME NAME VACA, JORGE D PEMBROKE PINES, FL 33028 STREET ADDRESS 105 NW 109 AVE 7-106 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES FL 33026 Thange ☐ Addition TITLE ☐ Delete ADDRESS VACA, CRISTOLBAL A NAME 1461 N.W. 132 AVENUE STREET ADDRESS STREET ADDRESS 105 NW 109 AVE 7-106 33028 PEMBROKE PINES, FL. CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33026 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME

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 of 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 federal prusted and powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the like empowered. changed, or on an attach

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

(305) 653-2042