

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90081 001 ***150.00

DOCUMENT # P96000045321

1. Entity Name

V AND J QUALITY PAINTERS, INC.

Principal Place of Business

Mailing Address

5888 W 21 CT
HIALEAH FL 33016

5888 W 21 CT
HIALEAH FL 33013-1235

2. Principal Place of Business

3. Mailing Address

187 East 57 Street
Suite, Apt. #, etc.

187 East 57 Street
Suite, Apt. #, etc.

City & State

City & State

Hialeah, FL 33013

Hialeah, FL 33013

Zip

Country

Zip

Country

33013

USA

33013

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOSA, VINCENT F
5888 WEST 21ST COURT
HIALEAH FL 33016

Name

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

187 East 57 Street

City

Hialeah

FL

Zip Code

33013

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SOSA, VINCENT F
5888 W 21 CT
HIALEAH FL 33016

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PENA, JUAN C
5888 W 21 CT
HIALEAH FL 33016

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

Date

Daytime Phone #

4/10/00 (305) 970-8874

CR2E034 (9/99)