

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90105 014 ***150.00

DOCUMENT # P96000067265

1. Entity Name
HOME SWEET HOME PAINTERS, INC.

Principal Place of Business

**200 SW 172ND AVE
PEMBROKE PINES FL 33029**

Mailing Address

**200 SW 172ND AVE
PEMBROKE PINES FL 33029**

2. Principal Place of Business

**9109 S.E. DEERBERRY PLACE
Suite, Apt. #, etc.**

3. Mailing Address

**17 P.E. 2nd Avenue
Suite, Apt. #, etc.**

City & State

Tequesta, FL

City & State

Deerfield Beach, FL.

Zip

33469

Country

PALEM BEACH

Zip

33441-3503

Country

BROWARD

6. Name and Address of Current Registered Agent

**CUPARO, JOSEPH JR
9109 S.E. DEERBERRY PLACE
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CUPARO, JOSEPH JR	
STREET ADDRESS	9109 S.E. DEERBERRY PLACE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VICIRO, FRANK JR	
STREET ADDRESS	14 MINNETONKA RD	
CITY-ST-ZIP	SEA RANCH LAKES FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/20/02 **561**
418 3167

Date

Daytime Phone #

CR2E034 (9/01)