

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P96000072100**

1. Entity Name

STATEWIDE PAINTING CORPORATION**FILED**
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90200 004 ***158.75

Principal Place of Business

Mailing Address

7934 NW 66 ST
MIAMI FL 331667934 NW 66 ST
MIAMI FL 33166-2726

2. Principal Place of Business

2160 NW 162 way
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 83-1682
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL.

City & State

MIAMI FL

4. FEI Number

65-0692032

Applied For

Not Applicable

Zip

Country

Zip

Country

33028

BROWARD-USA

33283

DADE-USA

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

ALOY, RAMON
7231 SW 130 AVE.
MIAMI FL 33183

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

2-28-00

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	ALOY, ANGELA L	7231 SW 130 AVE.	MIAMI FL 33183	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	ALOY, RAMON	7231 SW 130 AVE.	MIAMI FL 33183	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	HERNANDEZ, JORGE	7231 S.W. 130TH AVE.	MIAMI FL 33183	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

2-28-00 (305) 387-6430

CR2E034 (9/99)