

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

0270213

DOCUMENT # P96000101938

1. Entity Name

SUN PAINTER, CORP.

05-14-2001 90123 001 ***150.00

05-14-2001 90123 002 *****8.75

Principal Place of Business

**14640 N BECKLEY SQUARE
 DAVIE FL 33325
 US**

Mailing Address

**14640 N BECKLEY SQUARE
 DAVIE FL 33325
 US**

2. Principal Place of Business

14640 N. Beckley, S.A.

Suite, Apt. #, etc.

DAVIE Florida

City & State

3. Mailing Address

14640 N. Beckley

Suite, Apt. #, etc.

S.A.

City & State

DAVIE Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0712786

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ BEHAR & ASSOCIATES, INC.
 14730 NORTHEAST 10 W
 MIAMI FL 33161**

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

4/25/01

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, 2001 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **PINO, RICARDO**
 CITY-ST-ZIP **14640 N BECKLEY SQ
 DAVIE FL 33325**

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **PINO, MARIA M**
 CITY-ST-ZIP **14640 N BECKLEY SQUARE
 DAVIE FL 33325**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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

4/25/01
 Date

(954) 2362558
 Daytime Phone #

CR2E034 (10/00)