

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103219

1. Entity Name

FANTASY PAINT CONTRACTING, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90013 027 ***150.00

Principal Place of Business

Mailing Address

16508 N.W. 17 STREET
PEMBROKE PINES FL 33028

16508 N.W. 17 STREET
PEMBROKE PINES FL 33028-1377

2. Principal Place of Business

9000 Sheridan St. #151

3. Mailing Address

9000 Sheridan St. #151

Suite, Apt. #, etc.

Suite #151

Suite, Apt. #, etc.

Suite #151

City & State

Pembroke Pines, FL

City & State

Pembroke Pines FL

Zip

33024

Country

U.S.

Zip

33024

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0733791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, LISA
16508 N.W. 17 STREET
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name: Rodriguez, Lisa
Street Address (P.O. Box Number is Not Acceptable): 9000 Sheridan St. #151
City: Pembroke Pines FL Zip Code: 33024

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: *Lisa Rodriguez*

(NOTE: Registered Agent signature required when reinstating)

DATE: 1/18/00

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ADELKIS	
STREET ADDRESS	16508 N.W. 17 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LISA	
STREET ADDRESS	16508 N.W. 17 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9000 Sheridan street #151	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9000 Sheridan street #151	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
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: *Lisa Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/18/00

DAYTIME PHONE #: 934-441-3534

CR2E034 (9/99)