## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 20, 2001 8:00 am DOCUMENT # P9700002473 **Secretary of State** JORGE L. MERCADO PAINTING, INC. 03-20-2001 90038 038 \*\*\*150.00 Principal Place of Business Mailing Address 1652 SW SCHLEICHER LANE 1652 SW SCHLEICHER LANE PORT ST LUCIE FL 34986 PORT ST LUCIE FL 34986 C0035663 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0723312 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERCADO, JORGE L Street Address (P.O. Box Number is Not Acceptable) 1652 SW SCHLEICHER LANE PORT ST LUCIE FL 34986 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. \_\_\_ After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete Addition TITLE ☐ Change MERCADO, JORGE L. NAME NAME STREET ADDRESS 1652 SW SCHLEICHER LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PORT ST. LUCIE FL 34986 TITLE ☐ Change ☐ Addition ☐ Delete TITLE MERCADO, MILAGRO NAME NAME STREET ADDRESS 1652 SW SCHLEICHER LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34986 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: JOIL 9C L. MERCHDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP