

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90062 041 ***150.00

DOCUMENT # P970000634571. Entity Name
NICOLELLA PAINTING, INC.Principal Place of Business
13780 SW 56 ST #210
MIAMI FL 33175Mailing Address
P O BOX 558135
MIAMI FL 33255

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 558135
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL4. FEI Number **65-0770122**

Applied For

Not Applicable

Zip

Country

Zip

Country

33255**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

NICOLELLA, ANTHONY P
13780 SW 56 ST #210
MIAMI FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

6449 SW 28 ST.

City

FL

Zip Code

33155

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 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 **DP** ☐ Delete
NAME **NICOLELLA, ANTHONY P**
STREET ADDRESS **13780 SW 56 ST #210**
CITY-ST-ZIP **MIAMI FL 33175**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6449 SW 28 ST.**
CITY-ST-ZIP **MIAMI FL 33155**TITLE **DV** ☐ Delete
NAME **NICOLELLA, DAISY**
STREET ADDRESS **13780 SW 56 ST #210**
CITY-ST-ZIP **MIAMI FL 33175**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6449 SW 28 ST.**
CITY-ST-ZIP **MIAMI FL 33155**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02 (305) 667-9773

CR2E034 (9/01)