

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90091 032 \*\*\*150.00

0480629

**DOCUMENT # P98000019578**

1. Entity Name  
**PREMIUM CHOICE PAINTING, INC.**

Principal Place of Business  
**5462 SAN LUIS DRIVE**  
**ORLANDO FL 32807**

Mailing Address  
**5462 SAN LUIS DRIVE**  
**ORLANDO FL 32807**

2. Principal Place of Business

**210 N. GOLDEN ROD RD**  
 Suite, Apt. #, etc.  
**B-15**

3. Mailing Address

**210 N. GOLDEN ROD RD**  
 Suite, Apt. #, etc.  
**B-15**

City & State

**ORLANDO FL**  
 Zip  
**FL 32807**

City & State

**ORLANDO FL**  
 Zip  
**32807**

4. FEI Number **59-3496028**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PARRA, LUIS F**  
**5462 SAN LUIS DRIVE**  
**ORLANDO FL 32807**

7. Name and Address of New Registered Agent

Name

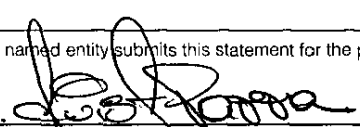
Street Address (P.O. Box Number is Not Acceptable)

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.

**LUIS FERNANDO PARRA, PRESIDENT**

DATE

**2-28-01**

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 **P** ☐ Delete  
 NAME **PARRA, LUIS F**  
 STREET ADDRESS **5462 SAN LUIS DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32807**

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

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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

**2/28/01**

Date

**407-201-1669**

Daytime Phone #

CR2E034 (10/00)