

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91341 023 \*\*\*150.00

**DOCUMENT #** P98000027262

1. Entity Name

V & T PAINTING AND WATERPROOFING, INC.

Principal Place of Business

Mailing Address

929SW. 136 PLACE  
 MIAMI, FL 33184

929 SW. 136 PLACE  
 MIAMI, FL 33184

2. Principal Place of Business

15500 SW 296 Str.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead FL.

City & State

4. FEI Number

105-0831451

Applied For

Not Applicable

Zip

Country

Zip

Country

33033

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

VERGARA, ESTEBAN  
 750NW. 13 STREET  
 HOMESTEAD, FL 33030

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

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 PD  
 NAME VERGARA, ESTEBAN  
 STREET ADDRESS 750 NW. 13TH STREET  
 CITY - ST - ZIP HOMESTEAD, FL 33030 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP ☐ Delete

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 CITY - ST - ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: X Esteban Vergara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

00054278

DO NOT WRITE IN THIS SPACE