

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90218 041 ***150.00

DOCUMENT # P98000028734

1. Entity Name
MULTICOLOR PAINTING INC.



Principal Place of Business
222 INDUSTRIAL BLVD
SUITE 152
NAPLES FL 34104

Mailing Address
222 INDUSTRIAL BLVD
SUITE 152
NAPLES FL 34104

2. Principal Place of Business
3024 52ND ST SW
Suite, Apt. #, etc.

3. Mailing Address
3024 52ND ST SW
Suite, Apt. #, etc.

City & State
NAPLES

City & State
NAPLES

Zip
34116 Country
Collier

Zip
34116 Country
Collier

4. FEI Number
65-0824675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CABRERA, ANUAR ABILIO
222 INDUSTRIAL BLVD
SUITE 152
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name
Anuar Abilio Cabrera
Street Address (P.O. Box Number is Not Acceptable)
3024 52ND ST SW
City
NAPLES FL Zip Code
34116

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-03

FILE NOW!!! FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete
NAME
CABRERA, ANUAR ABILIO
STREET ADDRESS
4532 CORAL PALMS LN, APT #5
CITY-ST-ZIP
NAPLES FL 34116

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANUAR ABILIO CABRERA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03 (239) 348-9778
Date Daytime Phone #

CR2E034 (10/02)