FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000030911



Apr 09, 2003 8:00 am Secretary of State

-	PAINTERS, INC.				04-09-2003 90	177 013	1.	50.00
DO NOT WRITE IN THIS SPACE					10062936			
Principal Place of Business 7414 GREENVILLE CIRCLE		3. Mailing Address SAME						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State LAKE WORTH, FL		City & State		6E 0925337			Applied For Not Applicable	
Zip 3346	Country	Zip	Country		5. Certificate of Status Desired	Fe	e Requ	Additional lired
	The state of the s	ing to the period of the contract of the contr		Name	7. Name and Address of Current Re	gistered A	gent-	
DO NOT WRITE			Ser de la Ser de	RAFAEL MATOS				
	IN THIS SI			Street Address (F 4851 NW	20. Box Number is Not Acceptable) 103RD #55C			
Appell (green)				City		FL	Zia 9	ලුද
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registered	SUNRISE office or registere	ed agent, or both, in the State of Florid		ــــــــــــــــــــــــــــــــــــــ	
SIGNATURE .	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	E: Registered A	gent signature required	when reinstating)	DATE		
Jai	nuary 1 - May 1 Fee is \$150.00						**	
and the fact of	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	of State			 Election Campaign Finance Trust Fund Contribution. 	oing 🔲	Add	.00 May Be ded to Fees
and the fact of	Amended UBR is \$61.25	Settled to the settle	estis (Sue			· —	Add	.00 May Be ded to Fees
Make Check	Amended UBR is \$61.25 Payable to Florida Department of OFFICERS AND PSD	Settled to the settle	TITLE			· —	Add	i.00 May Be ded to Fees
Make Check 10. TITLE NAME STREET ADDRESS	Amended UBR is \$61.25 Payable to Florida Department of OFFICERS AND PSD RAFAEL MATOS	D DIRECTORS	NAME STREET	ADDRESS		· —	Add	.00 May Be ded to Fees
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-AP	Amended UBR is \$61.25 Payable to Florida Department of OFFICERS AND PSD	O DIRECTORS CLE	NAME STREET CITY-ST	· 题 中 · · · · · · · · · · · · · · · · ·		· —	Add	.00 May Be ded to Fees
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12. Thereby 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 on an attachment with an address; with all other like empowered.

SIGNATURE:

RAFAEL MATOS, PRES.

3/27/03

Date

954-931-9515

Daytime Phone #