

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90086 019 ***158.75

DOCUMENT # **P98000033583**

1. Entity Name
ASHLEY PAINT, Corp.

Principal Place of Business Mailing Address
7105 S.W. 8th Street **SAME**
Suite 308
Miami, FL 33144

2. Principal Place of Business 3. Mailing Address
7105 S.W. 8th St. **7105 S.W. 8th St.**

Suite, Apt. #, etc. 308 Suite, Apt. #, etc. 308

City & State **Miami FL** City & State **Miami FL**

Zip **33144** Country Zip **33144** Country

4. FEI Number **65-0837090** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

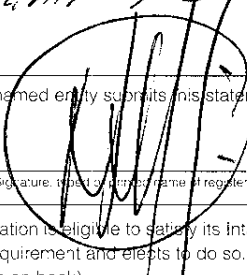
6. Name and Address of Current Registered Agent

Guerrero, Milagros A.
620 N.W. 23 Ave.
Miami FL 33125

7. Name and Address of New Registered Agent

Name **MARINO LLUVERES**
 Street Address (P.O. Box Number is Not Acceptable)
7105 S.W. 8th Street, Ste. 308
 City **Miami** **FL** Zip Code **33144**

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  **President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/26/01**

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.D.** ☒ Delete
 NAME **GUERRERO, Milagros A.**
 STREET ADDRESS **7105 S.W. 8th Street, Ste. 308**
 CITY-ST-ZIP **Miami, FL 33144**

TITLE ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D.** ☐ Change ☒ Addition
 NAME **MARINO LLUVERES**
 STREET ADDRESS **7105 S.W. 8th Street, Ste. 308**
 CITY-ST-ZIP **Miami FL 33144**

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

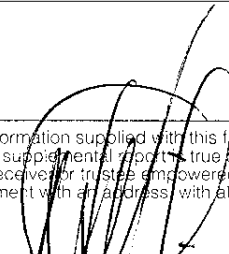
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:  **President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01 (305) 269-1974
 Date Daytime Phone #

CR2E034 (11/00)