## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

## May 07, 2002 8:00 am Secretary of State P98000043094 DOCUMENT # 1. Entity Name 05-07-2002 90289 001 \*\*\*\*\*8.75 ALL FLORIDA PAINTING & WATERPROOFING, INC. 05-07-2002 90289 002 \*\*\*150.00 Principal Place of Business Mailing Address 1652 WEST 38TH PLACE 1652 WEST 38TH PLACE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0835966 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERNANDEZ, RITA Street Address (P.O. Box Number is Not Acceptable) 1652 WEST 38TH PLACE HIALEAH FL 33012 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 Addition PD TITLE ☐ Change TITLE ☐ Delete NAME fernandez, rita STREET ADDRESS STREET ADDRESS 1652 WEST 38TH PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete TITLE ☐ Change Addition TITLE TSD NAME NAME Fernandez, Mario STREET ADDRESS STREET ADDRESS 1652 WEST 38TH PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP 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 receiper 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

**FILED**