2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P98000044976** NORGE ARNAIZ PAINT CONTRACTING, CORP. 03-21-2000 90001 050 ***150.00 Mailing Address Principal Place of Business 7500 NW 69 AVENUE 7500 NW 69 AVENUE MEDLEY FL 33166-2502 MEDLEY FL 33166 044411 2. Principal Place of Business 3. Mailing Address <u> 2410 - S.</u>W. 2410 S.W. 2 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0838603 Miramar Miramar Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3302*5* Fee Required 302S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARNAIZ, NORGE Street Address (P.O. Box Number is Not Acceptable) **7500 NW 69 AVENUE** MEDLEY FL 33166 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. NORGE ARNAIZ PAINT M Change ☐ Addition PTS ☐ Delete TITLE TITLE CONTRACTING CORP. ARNAIZ, NORGE NAME NAME STREET ADDRESS STREET ADDRESS 7500 NW 69 AVENUE MIRAMAR, FL 33025 CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33166 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP