

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054140

1. Entity Name

LEO PAINTING & REPAIRS INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90178 001 ***150.00

03-22-2000 90178 002 *****8.75

6477



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
35780 S.W. 213 AVENUE MIAMI FL 33034 US	35780 S.W. 213 AVENUE MIAMI FL 33034 US

2. Principal Place of Business 35780 S.W. 213 ave.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Fl.	City & State
Zip 33034	Country

4. FEI Number 65-0851472	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MATIAS, LEONARDO 35780 S.W. 213 AVENUE MIAMI FL 33034

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 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	PSTD <input type="checkbox"/> Delete
NAME	MATIAS, LEONARDO
STREET ADDRESS	35780 S.W. 213 AVENUE
CITY-ST-ZIP	MIAMI FL 33034
TITLE	VD <input type="checkbox"/> Delete
NAME	GARCIA, FANNY
STREET ADDRESS	35780 S.W. 213 AVENUE
CITY-ST-ZIP	MIAMI FL 33034
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: Leonardo Matias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2000- 305-491-9602
Date Daytime Phone #

CR2E034 (9/99)