

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90099 025 ***150.75

0130352 AT

DOCUMENT # P98000065399

1. Entity Name
FIGUEROA'S PAINTING, INC.



Principal Place of Business
**6565 EATON ST
HOLLYWOOD FL 33024**

Mailing Address
**P O BOX 816547
HOLLYWOOD FL 33081**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0852605**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIGUEROA, VICTOR
6565 EATON ST
HOLLYWOOD FL 33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]
8/3/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

***Make Check Payable to Florida Department of State.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FIGUEROA, VICTOR 6565 EATON ST HOLLYWOOD FL 33024 | <input type="checkbox"/> Delete |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

80147676
P98000065399 8/3/23

To whom it may concern:

The corporation did not received a
prior notice, please can be possible to
waived the fee.

Thank you

Victor H. Figueroa

Victor H. Figueroa
Figueroa's Painting Inc.