

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90059 035 ***158.75

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DOCUMENT # P98000068025

1. Entity Name

C & S PAINT & WALL COVERINGS, INC.



Principal Place of Business

575 SW 17TH AVE

202

MIAMI FL 33135

US

Mailing Address

575 SW 17TH AVE

202

MIAMI FL 33135

US

2. Principal Place of Business

6109 NW 6 COURT

Suite, Apt. #, etc.

3. Mailing Address

6109 NW 6 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip
33126

Country

DADE

City & State

MIAMI, FLORIDA

Zip
33126

Country

DADE

4. FEI Number

65-0873906

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LLERENA, MARK
515 SW 17TH AVENUE
MIAMI FL 33135

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. 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

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

TITLE PD
NAME LLERENA, MARK ☐ Delete
STREET ADDRESS 12729 SW 69 TERR
CITY-ST-ZIP MIAMI FL 33183

TITLE VD
NAME REY, MANUEL ☐ Delete
STREET ADDRESS 4820 NW 4 ST
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

7/28/03

305.643.1136

Date

Daytime Phone #

CR2E034 (4/03)



Attachment 80135266

C & S PAINT & WALLCOVERING, INC.

July 28, 2003

To Who it may concern:

I am writing in reference to my uniform business report #P98000068025
The purpose of my letter is to inform you that I did not receive this document
Until July 19, 2003. I am enclosing my change of address with this letter. I am
Also sending you proof from the post office of when this letter was delivered.
I hope this will be sufficient. If you have any questions please contact me at number
listed below. Also my office manager made a mistake and mailed the check to Division
Of Corporations PO Box 6327 Tallahassee, FL. on July 24, 2003. I just realized today
that she mailed out our payment with out all necessary paperwork and also to the wrong
address. If you need to verify please contact them. Hope they will return check to us.
I will be mailing you a new check. As always thank you for your help.

Thank You


Mark Llerena