

2001 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080123

1. Entity Name

PAINTEX, CORP.

FILED

02 APR 30 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15366 SW 42 Lane

Suite, Apt. #, etc.

3. Mailing Address

15366 SW 42 Lane

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0861335

Applied For
Not Applicable

Zip
33185

Country
USA

Zip
33185

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Carlos A Montenegro

Street Address (P.O. Box Number is Not Acceptable)

15366 SW 42 Lane

City

Miami

FL

Zip Code
33185

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Carlos A Montenegro 15366 SW 42 Lane Miami, FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005501177--2 -05/09/02--01072--024 ****300.00 ****300.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS A. MONTENEGRO PRES.

Date

Daytime Phone #

CR2E034B (12/01)

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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Name
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SIGNATURE: Carlos A Montenegro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS
MONTEVEGRO PRES.

4/16/02
Date

305 559 4969
Daytime Phone #

CR2E034B (12/01)

PAINTEX, CORP.

15366 SW 42 LANE
MIAMI, FL 33185

Department of State
Division of Corporations
Po box 6327
Tallahassee, FL 32314

Re: Doc # P98000080123

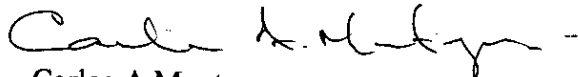
Dear Sir:

Enclosed please find a check for \$300.00 to cover annual report fees for CY 2001 and 2002 and a completed UBR form. I never received the renewal form.

I am writing your office to ask if you could wave the reinstatement fee of \$550.00. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,



Carlos A Montenegro
President