2000 UNIFORM BUSINESS REPORT (UBR)

Mar 10, 2000 8:00 am Secretary of State DOCUMENT # **P98000081251** 1. Entity Name FLORIDA PROFESSIONAL COATINGS CORPORATION 03-10-2000 90038 048 ***150.00 Mailing Address Principal Place of Business 14378 S.W. 142ND AVENUE 14378 S.W. 142ND AVENUE MIAMI FL 33186-6769 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business 7 7003S 2.0. Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0862551 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired 177-0035 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRONG, BARBARA C.P.A. Street Address (P.O. Box Number is Not Acceptable) 3401 N.W. 202ND STREET CAROL CITY FL 33055-1722 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President Change ☐ Addition TITLE TITLE X Delete Ulises Rodriquez RODRIGUEZ, EDUARDO NAME NAME 16167 SW 138 PLACE 100 4TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP Addition **VPD** X Delete Change TITLE TITLE on Paul Ronceros RODRIGUEZ, ULISSES NAME NAME 8255 SW 152 Avenue #304 16167 S.W. 138TH PLACE STREET ADDRESS STREET ADDRESS on r-ST-ZIP™ MIAMI'FL 33177 CITY-ST-ZIP Addition Change Delete TITLE TITLE Marivaldo C. Dasilva NAME NAME 2920 NW 56 Street # B-306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 security this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED