2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P98000090517 1# Entity Name TRISTAN PAINTING, INC. 04-17-2001 90160 029 ***150 00 Mailing Address Principal Place of Business COTE CW 17TH CTREET CO71-SW 17TH STREET POMPANO BEACH FL 83068 POMPANO-BEACH-FL-93008 UUUJOYAA 2. Principal Place of Business 3. Mailing Address 11581 NW 23 STREET 11581 NW 23 ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0870715 Not Applicable ANTITION LANTATION **\$8.75** Additional 5. Certificate of Status Desired Fee Required BROWARD BROWARD 33323 33323 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAM, NADIRA Street Address (P.O. Box Number is Not Acceptable) 6871.3W 17TH.STREET. 1.1581 NW 27 ST. POMPANO BEACH FL 33068 PLANTATION ACRES Zip Code FC. 33323 City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State -(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition **PSTD** ☐ Delete TITLE TITLE NAME NAME RAM, NADIRA | 156 | NN 23 31 . | PLANTATION ACRES | F4 ,33323 | Change STREET ADDRESS STREET ADDRESS 11581 NN 23 ST 6871-SW 17TH STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO-BEACH FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Vadea Tee NADIRA KAM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR