2001 UNIFORM BUS	INESS REPOR	RT (UBI	?)	T.T.	LED		
DOCUMENT # <i>P 98 000 10 48 5</i> Z 1. Entity Name				Apr 30, 2001 8:00 am Secretary of State			
TORRES PAINTING,	CORPS.		4	04-30-2001 90			
Principal Place of Business	Mailing Address	- 0					
951 W 50th. St. 951 W 50th. St.							
HIAleAh, FL 3301Z	HIALEAH, FL.	330/Z			DOGAGE	0 N	
2. Principal Place of Business 3850. SW 8714. Ave.	5W 87th. Ave. 3850 5W 87th. Ave.			00043507			
Suite, Apt. #, etc. 5 /e . 303	Suite, Apt. #, etc. 5 / e . 303			DO NOT WRITE IN THIS SPACE			
City & State MIAMI, FL	City & State MIAMI, FL		4. F	Number Applied For Not Applied For Not Applicabl		Applied For Not Applicable :	
Zip Country 33/65	Zip 33/65	Country	5. (Certificate of Status Desired	\$8.7	5 Additional equired	
6. Name and Address of Current	t Registered Agent		7. N	lame and Address of New R	egistered Agent	•	
PEDRO TORRES	New Addre						
	3850 SW 8714. A	Street A	ddress (P.O. B	ox Number is Not Acceptable) ——————		
HIALEAH, FL 33012	SIE. 303 HIAMI, FL 33/6:	City			-1 7	p Code	
8. The above named entity submits this statement f	-		registered ag	ent, or both, in the State of Flo	FL	-	
SIGNATURE							
Signature, typed or printed name of registered agen		Registered Agent signate	er i marian ya masaya	instating)	DATE		
9. This corporation is eligible to satisfy its Intangibl Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! After MAY 1, 2001 Make Check Payable		550.00	10. Election Campaign Fir Trust Fund Contributio	~ ~	\$5.00 May Be Added to Fees	
11. OFFICERS AND		12.		DITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 11	
NAME PEDRO TORRES STREET ADDRESS 951 W 50 ST.	☐ Delete	TITLE NAME STREET ADDRESS		SW 87 H. Ave.	Sh. 30	-	
CITY-ST-ZIP HIALEAH, FL 3301		CITY-ST-ZIP	MIANI,	FL 33/65	——————————————————————————————————————		
NAME SARA G. PORRES	☐ Delete	TITLE NAME			X 0		
NAME SARA & POARES STREET ADDRESS 951 W 50 ST. CITY-ST-ZIP HIALEAH, FL 3301	Z	STREET ADDRESS CITY-ST-ZIP		SW 87 Sh. Ave. FL 33165	57e. 3	103	
TITLE NAME	☐ Delete	TITLE NAME	5D 20€ S	TORRES	□ C	· /¬	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS' CITY-ST-ZIP	3850 5	W 87 H. Ave. FL 33165	ste. 30.	3	
TITLE NAME	☐ Delete	TITLE	,,,,,,,	, C 35/60		hange Addition	
STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP				Change	
NAME STREET ADDRESS		NAME STREET ADDRESS			J		
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE NAME	☐ Delete	. TITLE NAME			С	hange	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee em	is true and accurate and that m	the exemption start v signature shall h	have the same	legal effect as if made under	oath: that I am an	officer or director	
changed, or on an attachment with an address	s, with all other like empowered.	,	President			5. 5.001 12 11	
SIGNATURE: SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICER O		ns well	9/16/01 Date	Daytime F	Phone #	