

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90010 009 ***150.00

0278011 AV

DOCUMENT # P98000107001

1. Entity Name

RELIABLE PAINTING CORPORATION OF SOUTH FLORIDA, INC.

Principal Place of Business

**3830 SW 142 AVE
 MIAMI FL 33175**

Mailing Address

**3830 SW 142 AVE
 MIAMI FL 33175**

80014256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14224 SW 38 trr

3. Mailing Address

14224 SW 38 trr

Suite, Apt. #, etc.

MIAMI Florida

Suite, Apt. #, etc.

MIAMI FL

City & State

City & State

4. FEI Number

65-0887519

Applied For

Not Applicable

Zip **33175**

Country **DADE**

Zip **33175**

Country **DADE**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JORGE L

**3830 SW 142 AVE
 MIAMI FL 33175**

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **DPTV** ☐ Delete
 NAME **RAMOS, JORGE L**
 STREET ADDRESS **3830 SW 142 AVE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **V** ☐ Delete
 NAME **RAMOS, JORGE L SR**
 STREET ADDRESS **3830 SW 142 AVE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **C** ☐ Delete
 NAME **QUINTANA, JUAN D**
 STREET ADDRESS **3830 SW 142 AVE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VC** ☐ Delete
 NAME **SERRANO, KARL**
 STREET ADDRESS **3830 SW 142 AVE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)