

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003171

1. Entity Name

SAMMY'S PAINTING CORP.

FILED

Mar 21, 2000 8:00 am  
Secretary of State

03-21-2000 90081 026 \*\*\*150.00

Principal Place of Business

9744 W. MACNAB ROAD  
TAMARAC FL 33321

Mailing Address

9744 W. MACNAB ROAD  
TAMARAC FL 33321-3343

2. Principal Place of Business

14040 Langley PL  
Suite, Apt. #, etc.

3. Mailing Address

14040 Langley PL  
Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0886149

Applied For

Not Applicable

Zip

33325

Country

U-S-A

Zip

33325

Country

U-S-A

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, EDISON  
9744 W. MACNAB ROAD  
TAMARAC FL 33321

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, 2000 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	D	Delete
NAME	RIVERA, EDISON	
STREET ADDRESS	9744 W. MACNAB ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, SAMY F	
STREET ADDRESS	9744 W. MACNAB ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivera, Samy F	
STREET ADDRESS	14040 Langley PL	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	Vice President:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivera, Edison	
STREET ADDRESS	14040 Langley PL	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ischell Rivera	
STREET ADDRESS	14040 Langley PL	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #