

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017399

1. Entity Name

TUSCANY PAINTING, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90197 009 ***150.00

Principal Place of Business

6079 S.W. 29 COURT
DAVIE FL 33314

Mailing Address

6079 S.W. 29 COURT
DAVIE FL 33314

2. Principal Place of Business

5440 SW 55th AVE

3. Mailing Address

5440 SW 55th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

DAVIE, FL.

Zip

33314

Country

Broward

Zip

33314

Country

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBLES, NESTOR
6079 S.W. 29 COURT
DAVIE FL 33314

Name

Street Address (P.O. Box Number Not Acceptable)

5440 SW 55th AVENUE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ROBLES, NESTOR
CITY-ST-ZIP 6079 S.W. 29 COURT
DAVIE FL 33314

TITLE ☒ Change ☐ Addition
NAME 5440 SW 55th AVENUE
STREET ADDRESS
CITY-ST-ZIP DAVIE, FL. 33314

TITLE ☐ Delete
NAME D
STREET ADDRESS ROBLES, SHARON
CITY-ST-ZIP 6079 S.W. 29 COURT
DAVIE FL 33314

TITLE ☒ Change ☐ Addition
NAME 5440 SW 55th AVE.
STREET ADDRESS
CITY-ST-ZIP DAVIE, FL. 33314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
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

SHARON L. ROBLES 4/25/01

Date

9543272943

Daytime Phone #

CR2E034 (10/00)