

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021587

1. Entity Name
ANSELMO CARMONA PAINTING, INC

Principal Place of Business Mailing Address
3810 SW 104th CT SAME
MIAMI FL 33165

2. Principal Place of Business 3. Mailing Address
3810 S.W. 104th CT SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State MIAMI FL City & State
Zip 33165 Country DADE Zip Country

6. Name and Address of Current Registered Agent

ANSELMO CARMONA
3810 SW 104th CT
MIAMI FL 33165

7. Name and Address of New Registered Agent
Name **SAME**
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 *Anselmo Carmona* (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 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anselmo Carmona*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
AND
FILED

00 NOV -8 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

500003496205--5
-12/12/00-01005--006
******150.00****150.00**

KE

(305) 401-5819
Date Daytime Phone #

CR2E034 (9/99)

20f2

MIAMI, SEPTIEMBRE 19, 2000

DE: ANSELMO CARMONA

A: FLORIDA DPTO DE CORPORACIONES

REF: P99000021587

A QUIEN PUEDA INTERESAR:

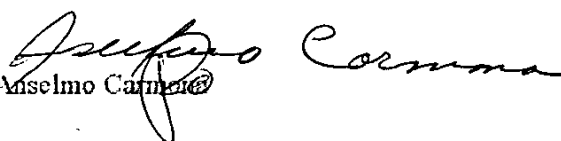
ADJUNTO ENVIO LA CANTIDAD DE \$150.00 ANTES DE 09-30-000

ESTOY MUY PREOCUPADO PORQUE NUNCA HE RECIVIDO NINGUN
DOCUMENTO Y EL DIA 30 EXPIRA EL annual REPORT.

I NEVER RECEIVED A FILE REPORT. AND ATTACHED I m sending

\$150.00. any question please call me 305-401-5819.

Gracias.


Anselmo Carmona