FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am § Secretary of State DOCUMENT # P99000023034 1. Entity Name 05-22-2002 90166 003 ***150.00 SUPREME PAINTING SERVICES, INC. Principal Place of Business Mailing Address 314 S FEDERAL HIGHWAY **401V40** 1810 SARA DR SUITE 6 DEERFIELD BEACH FL 33442 DAVIE FL 33004 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 68-0909253 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent VEGA, LAURA Street Address (P.O. Box Number is Not Acceptable) 314 S FEDERAL HIGHWAY **SUITE 6** DAVIE FL 33004 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE **PSVT** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME VEGA, LAURA R STREET ADDRESS STREET ADDRESS 314 S FEDERAL HIGHWAY #6 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33004 ☐ Change Addition TITLE ☐ Delete TITLE WHEAL FRANCIS 60 NAME NAME S. Federal How STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE M Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TID F TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information sypplied 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 frustee 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 the empowered.