2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P99000024623** 1. Entity Name AL'S PAINTING & DECO ART, INC. 03-23-2000 90045 020 ***163.75 Mailing Address Principal Place of Business 310 NORTH 70TH AVENUE 310 NORTH 70TH AVENUE HOLLYWOOD FL 33024-7452 HOLLYWOOD FL 33024 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 6*5-09031*23 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required ~~7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, OSCAR Street Address (P.O. Box Number is Not Acceptable) 310 NORTH 70TH AVENUE HOLLYWOOD FL 33024 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. Addition Change TITLE ☐ Delete TITLE NAME DIAZ. OSCAR NAME STREET ADDRESS STREET ADDRESS 310 NORTH 70TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS City-ST-7/E CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes | further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicatéd on this repor or supplemental of the corporation or the receiver or trustee changed, or on an attachment with an ado

SIGNATURE:

13. I hereby certify that the information suppl