

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

DOCUMENT # P99000024623

1. Entity Name
AL'S PAINTING & DECO ART, INC.

07-03-2001 90056 001 ***150.00
 07-03-2001 90056 002 *****8.75
 09-14-2001 90045 001 *****8.75
 09-14-2001 90045 002 ***391.25

Principal Place of Business
**310 NORTH 70TH AVENUE
 HOLLYWOOD FL 33024**

Mailing Address
**310 NORTH 70TH AVENUE
 HOLLYWOOD FL 33024**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7491 FILLMORE ST

3. Mailing Address
7491 FILLMORE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD FLORIDA

City & State
HOLLYWOOD FLORIDA

4. FEI Number
65-0903123

Applied For
 Not Applicable

Zip
33024

Country
U.S.A.

Zip
33024

Country
U.S.A.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, OSCAR
 310 NORTH 70TH AVENUE
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name **DIAZ, OSCAR ALFONSO**

Street Address (P.O. Box Number is Not Acceptable)
7491 FILLMORE ST.

City **HOLLYWOOD FL** Zip Code **33024**

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]

OSCAR ALFONSO DIAZ

SEPT. 10/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **DIAZ, OSCAR**
 STREET ADDRESS **310 NORTH 70TH AVENUE**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **DIAZ, OSCAR ALFONSO**
 STREET ADDRESS **7491 FILLMORE ST.**
 CITY-ST-ZIP **HOLLYWOOD FL. 33024**

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

TITLE ☐ Change ☐ Addition
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 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] **OSCAR ALFONSO DIAZ**

SEPT. 10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0024147 AV

(10/1) *00600