## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State P99000029934 **DOCUMENT #** 1. Entity Name BOXER PAINTING CORP. 05-03-2002 90051 031 \*\*\*150.00 Principal Place of Business Mailing Address 2450 SOUTHWEST 137TH AVENUE 2450 SOUTHWEST 137TH AVENUE SUITE 221 **SUITE 221** MIAM! FL 33175 MIAMI FL 33175 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0912183 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERMEJO, PILAR 2450 SOUTHWEST 137TH AVENUE SUITE 221 **MIAMI FL 33175** Miami 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE ☐ Addition BERMEJO, PEDRO NAME NAME STREET ADDRESS 4720 SOUTHWEST 142ND COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BERMEJO, PILAR NAME STREET ADDRESS 4720 SOUTHWEST 142ND COURT STREET ADDRESS CITY-ST-ZIE **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐. Change \_ Addition NAME SALEBE, JUAN C NAME STREET ADDRESS 4720 SOUTHWEST 142ND COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 4720 SOUTHWEST 142ND COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME

☐ Delete

Date

Daytime Phone #

Change

☐ Addition