

**AMENDED**  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P99000037903

1. Entity Name

**PAINT DEPOT, INC.**

Principal Place of Business

Mailing Address

**307 Ansin Blvd.  
Hallandale, FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0916883**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Alan B. Cohn, Esq.  
2021 Tyler Street  
Hollywood, Florida 33020**

Name

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	Eddie Horowitz	
STREET ADDRESS	307 Ansin Blvd.	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**900003297029--6**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/00

Date

Daytime Phone #

PAGE 1 of 2  
 APPROVED  
 AND  
 FILED

00 JUN 20 PM 3:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2000-10-01 10:00:00



Page 2 of 2

Attachment  
P99-000037903

ACCOUNT NO. : 072100000032  
REFERENCE : 737196 4306827  
AUTHORIZATION : Patricia Pizots  
COST LIMIT : \$ ~~558.75~~ 70.00

ORDER DATE : June 20, 2000  
ORDER TIME : 10:30 AM  
ORDER NO. : 737196-005  
CUSTOMER NO: 4306827  
CUSTOMER: Ms. Judy Hoodiman  
Abrams Anton, P.a.  
2021 Tyler Street  
Hollywood, FL 33022

ANNUAL REPORT FILING

NAME: PAINT DEPOT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Pollye Janisse

EXAMINER'S INITIALS: TS

RECEIVED  
00 JUN 20 AM 11:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA