## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 01, 2002 8:00 am Secretary of State P99000038148 DOCUMENT # 1. Entity Name AL PAINTING CORPORATION 05-01-2002 91535 030 \*\*\*158.75 Principal Place of Business Mailing Address 1277 SW 13 STREET 1277 SW 13 STREET MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0991022 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, MARCOS Street Address (P.O. Box Number is Not Acceptable) 1277 S.W. 13TH STREET **MIAMI FL 33145** 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE VICE - PRESIDENT ☐ Addition LOPEZ, JUAN J NAME NAME MARCOS LOPEZ 1277 S.W. 13TH STREET STREET ADDRESS STREET ADDRESS 1277 S.W. 13 ST **MIAMI FL 33145** CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33145 ☐ Delete TITLE □ Chance ☐ Addition LOPEZ, JUAN J NAME NAME 1277 SW 13TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33145** CITY-ST-ZIP - Delete -TITLE ☐ Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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-7IP CITY-ST-ZIP 13. I hereby certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information It 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 bowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplements

SIGNATURE:

of the corporation or the receive

changed, or on an attachment

or tr

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED