2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P99000039200** 1. Entity Name CREATIVE PAINTING AND WATERPROOFING GROUP, CORP. 03-24-2000 90067 004 ***150.00 Mailing Address Principal Place of Business 941 NE 170 STREET. #304. 941 NE 170 STREET, #304 NORTH MIAMI BEACH FL 33162-2570 NORTH MIAMI BEACH FL 33162 C0044447 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-*0*917259 Not Applicable Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROCHA, WESLEY Street Address (P.O. Box Number is Not Acceptable) 941 NE 170 STREET, #304 NORTH MIAMI BEACH FL 33162 City Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change TITLE ROCHA, WESLEY NAME STREET ADDRESS STREET ADDRESS 941 NE 170 STREET, #304 CITY-ST-ZIP CITY-ST-ZIF NORTH MIAMI BEACH FL 33162 Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE: TITLE

Mar 24, 2000 8:00 am Secretary of State



\$5.00 May Be Added to Fees CR2E034 (9/99) Addition ☐ Addition ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

DWESLEY ROCHA

3-18-00

30s 65s 1157