2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am DOCUMENT # **P99000039200** Secretary of State CREATIVE PAINTING AND WATERPROOFING GROUP, CORP. 05-02-2001 90049 008 ***150.00 Principal Place of Business Mailing Address 941 NE 170 STREET, #304 941 NE 170 STREET, #304 NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 960442 2. Principal Place of Business 4064 EASTRIDGE CIRCLE 3. Mailing Address 4064 EASTRIGE CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number POMPANO BEACH - FL 65-0917259 OM DANO BEACH-FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired BRO WAR Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROCHA, WESLEY 941 NE 170 STREET, #304 NORTH MIAMI BEACH FL 33162 RIDGE CIRCLE Zip Code 33064 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 agest and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Deiete TITLE 4064 EASTRINGS CIRCLE POMPANO BEACH -FL 33064 NAME ROCHA, WESLEY STREET ADDRESS STREET ADDRESS 941 NE 170 STREET, #304 CITY-ST-ZIP CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162** ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition 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: SIGNATURE AND TYPED O PRINTED NAME OF SIGNING OFFICER OR DIRECTOR