FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 14, 2001 8:00 am DOCUMENT # P99000039303 Secretary of State COLOR WORKS PAINTING, INC. 05-14-2001 90230 038 ***150.00 Principal Place of Business Mailing Address 5925 SOUTHWEST 44TH TERRACE 5925 SOUTHWEST 44TH TERRACE UUU51112 MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 4480 S.W. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0915759 FL miam Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASART **BOSART, ROSA** 5925 SW 49 TERRACE **MIAMI FL 33155** 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. red agent and title if applicable reinstating) ROSA BASAR 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change CR2E034 (10/00) ☐ Delete TITLE BASART, ROLANDO M NAME 7480 S.W. 30 Street STREET ADDRESS STREET ADDRESS 5925 SOUTHWEST 44TH TERRACE miami, FC 33155 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change TITLE TITLE HONETCUT, THOMAS J R. NAME NAME STREET ADDRESS STREET ADDRESS 5743 SW 65TH DR CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33155** --- Change --- Addition TIBE TITLE-☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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

04-28-01