2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE(

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000039696** May 16, 2000 8:00 am 1. Entity Name Secretary of State ADVANCED PROFESSIONAL PAINTERS, INC. 05-16-2000 90132 005 ***150.00 Principal Place of Business Mailing Address 7448 SOUTHWEST 164TH COURT 7448 SOUTHWEST 164TH COURT MIAMI FL 33193-3723 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Numbe City & State City & State Not Applicable Country \$8.75 Additional _Zip Country Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _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, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VICE PRESIDENT ★ Addition Change ☐ Delete TITLE TITLE BLANCO, JOSE L 01EG BRUK 7448 SW 164 NAME 164 COURT 7448 SOUTHWEST 164TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** MIANI FL - T - D ☐ Addition TITLE 🔀 Delete NATHALIE BRUK - BLANCO BRUK-BLANCO, NATHALIE NAME NAME 7448 SW 164 COURT STREET ADDRESS 7448 SOUTHWEST 164TH COURT STREET ADDRESS MIAMI F1 33193 CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33193** ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change TITLE ☐ Delete 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 the all other like empowered.