2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000039696 1. Entity Name ADVANCED PROFESSIONAL PAINTERS, INC. 04-30-2001 90347 042 ***150.00 Principal Place of Business Mailing Address 7448 SOUTHWEST 164TH COURT 7448 SOUTHWEST 164TH COURT MIAMI FL 33193 MIAMI FL 33193 NNN43U73 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FFI Number 65-0917036 Not Apolicable Zip Country Zip Country \$8.75 Additional 5. 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 Zio 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinstating) 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. PD TITLE Addition ☐ Delete TITLE BLANCO, JOSE L NAME MAME 7448 SOUTHWEST 164TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP MIAMI FL 33193 STD TITLE ☐ Change Addition ☐ Delete TITLE BRUK-BLANCO, NATHALIE NAME NAME 7448 SOUTHWEST 164TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP MIAMI FL 33193 BRUK BLANCO NATHALIE MChange ☐ Addition X Delete TITLE TITLE BRUK, OLEG NAME NAME 7448 SOUTHWEST 164 TH COURT 7448 SW 164 CT STREET ADDRESS STREET ADDRESS MIAHI FL 33193 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS 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.

CR2E034 (10/00)