

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045129

1. Entity Name

ARANGO'S PAINTING, INC.

Principal Place of Business

3511 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065

Mailing Address

3511 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065

2. Principal Place of Business

coral sprng

Suite, Apt. #, etc.

3. Mailing Address

10742 NW 9 MAJOR

Suite, Apt. #, etc.

City & State

City & State

(coral pl)

Zip 33075

Zip

Country Broward

Country

4. FEI Number

65-0941241

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARANGO, CARLOS  
3511 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME ARANGO, CARLOS  
STREET ADDRESS 3511 CORAL SPRINGS DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE P.  Change  Addition  
NAME CARLOS ARANGO  
STREET ADDRESS 10742 NW 9 MAJOR coral sprng DR.  
CITY-ST-ZIP coral sprng pl 33075

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos R. Arango

4-25-01 - 9543469956

Date

Daytime Phone #

0130019

CR2E034 (10/00)