

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91199 034 ***150.00

DOCUMENT # P99000045129

1. Entity Name
ARANGO'S PAINTING, INC.

Principal Place of Business
3511 CORAL SPRINGS DRIVE
CORAL SPRINGS FL 33075

Mailing Address
10742 NW 9 MANOR
CORAL SPRINGS FL 33075



2. Principal Place of Business
10742 NW 9 Manor
 Suite-Apt. #, etc.

3. Mailing Address
FLA
 Suite-Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *FL*
Zip *33071*
Country

City & State *FLA*
Zip
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

7. Name and Address of New Registered Agent
Name *Arango's Painting*
Street Address (P.O. Box Number is Not Acceptable)
10742 NW 9 Manor
City *Coral Springs* **FL** **Zip Code** *33071*

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]* **DATE** *4-30-02*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ARANGO, CARLOS 10742 NW 9 MANOR CORAL SPRING DR CORAL SPRINGS FL 33075
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-30-02

Date Daytime Phone #

CR2E034 (9/01)