

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91311 026 ***150.00

DOCUMENT # P99000049311



1. Entity Name
JCP PAINTING, INC.

Principal Place of Business
**10491 SW 216 STREET
BL 3 APT 103
MIAMI FL 33190**

Mailing Address
**10491 SW 216 STREET
BL 3 APT 103
MIAMI FL 33190**



2. Principal Place of Business
21974 S.W. 97 PL.

3. Mailing Address
21974 S.W. 97 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

F.L.

City & State

MIAMI FL.

4. FEI Number **65-0999948**

Applied For
Not Applicable

Zip

33190

Country

MIAMI

Zip

33190

Country

MIAMI

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTENEGRO, MARTA
10491 SW 216 STREET
BL 3 APT 103
MIAMI FL 33190**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PRADO, JUAN CARLOS**
STREET ADDRESS **10491 SW 216 STREET**
CITY-ST-ZIP **MIAMI FL 33190**

TITLE **PRADO, Juan Carlos** ☐ Change ☐ Addition
NAME **PRADO, Juan Carlos**
STREET ADDRESS **21974 S.W. 97 PL.**
CITY-ST-ZIP **MIAMI FL 33190**

TITLE **PRADO** ☐ 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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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

4-21-03 (305) 253-2925

Date

Daytime Phone #

CR2E034 (10/02)