

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 04, 2000 8:00 am
Secretary of State

04-14-2000 90087 021 ***150.00

DOCUMENT # P990000061212

1. Entity Name

MARLIN PAINTING, INC.

Principal Place of Business

**5513 S.W. 57TH PLACE
DAVIE FL 33314**

Mailing Address

**5513 S.W. 57TH PLACE
DAVIE FL 33314-7462**

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0935399

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MASCARO, JOSEPH L
5513 S.W. 57TH PLACE
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name

Same

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

Joseph L. Mascaro, President

04/27/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE **President**
NAME **Joseph L. Mascaro**
STREET ADDRESS **5513 SW 57th Place**
CITY-ST-ZIP **Davie, Fl 33314**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice-president/Secretary**
NAME **Margaret A. Mascaro**
STREET ADDRESS **5513 SW 57th Place**
CITY-ST-ZIP **Davie, Fl 33314**

☐ Change ☒ Addition

TITLE
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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

Joseph L. Mascaro (President) **2/10/2000** **(954) 792-7048**

Date

Daytime Phone #

CR2E034 (9/99)