

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90462 021 ***150.00

DOCUMENT # P99000069290

1. Entity Name

D AND T PAINTING SERVICES, INC.

Principal Place of Business

3125 NORTHEAST 184TH STREET
 SUITE 1102
 AVENTURA FL 33160

Mailing Address

3125 NORTHEAST 184TH STREET
 SUITE 1102
 AVENTURA FL 33160

2. Principal Place of Business

1010 SEMINOLE DRIVE

3. Mailing Address

1010 SEMINOLE DRIVE

Suite, Apt. #, etc.

308

Suite, Apt. #, etc.

308

City & State

FORT LAUDERDALE, FLA

City & State

FORT LAUDERDALE, FLA

Zip

33304

Country

BROWARD

Zip

33304

Country

BROWARD

4. FEI Number

65-0938793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

Monica Mosquera

3-6-01

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, 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

TITLE **PTD** ☒ Delete
 NAME **MOSQUERA, MONICA**
 STREET ADDRESS **1750 NORTHEAST 191ST STREET**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **SVD** ☒ Delete
 NAME **MOSQUERA, GILBERTO**
 STREET ADDRESS **1750 NORTHEAST 101ST STREET**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☒ Addition
 NAME **MOSQUERA, MONICA**
 STREET ADDRESS **1010 SEMINOLE DRIVE # 308**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **SVD** ☒ Change ☒ Addition
 NAME **MOSQUERA, GILBERTO**
 STREET ADDRESS **1010 SEMINOLE DRIVE # 308**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

Monica Mosquera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-06-01-954-568 12 10

CR2E034 (10/00)