

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90063 022 \*\*\*150.00

DOCUMENT # P 99000069290

1. Entity Name

D AND T PAINTING SERVICES  
11030 CAMERON COURT  
DAVIE, FLORIDA 33324

**DO NOT WRITE IN THIS SPACE**

825279

2. Principal Place of Business

11030 CAMERON Ct

3. Mailing Address

980 NW 135<sup>th</sup> Street

Suite, Apt. #, etc.

# 5307

Suite, Apt. #, etc.

NORTH MIAMI

City & State

DAVIE, FLORIDA

City & State

FLORIDA

Zip

33324

Country

BROWARD

Zip

33168

Country

DAVE

4. FEI Number

65-0938793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MONICA MOSQUERA, PRES

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

11030 CAMERON COURT

# 5307

City

DAVIE

**FL**

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

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

PRESIDENT

02/15/02

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

NAME

MOSQUERA, MONICA

STREET ADDRESS

11030 CAMERON COURT

CITY-ST-ZIP

DAVIE, FLORIDA 33324

TITLE

SVD

NAME

MOSQUERA, GILBERTO

STREET ADDRESS

11030 CAMERON COURT

CITY-ST-ZIP

DAVIE, FLORIDA 33324

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Monica Mosquera PRES.

02/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)