

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-31-2003 90293 023 ***150.00

DOCUMENT # P99000069290

1. Entity Name
D AND T PAINTING SERVICES, INC.



Principal Place of Business

11030 CAMERON CT

#5307

DAVIE FL 33324

US

Mailing Address

990 NW 135TH STREET

N. MIAMI FL 33168

US

2. Principal Place of Business

6163 SW 191st AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PEMBROKE PINES

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

City & State

Zip

33332

Country

BROWARD

Zip

Country

4. FEI Number

65-0938793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MOSQUERA, MONICA

11030 CAMERON CT

#5307

DAVIE FL 33324

7. Name and Address of New Registered Agent

Name

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

City

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 *Monica Mosquera*

OFFICER

01/20/03

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

TITLE **PTD** ☐ Delete
NAME **MOSQUERA, MONICA**
STREET ADDRESS **11030 CAMERON CT**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE **SVD** ☐ Delete
NAME **MOSQUERA, GILBERTO**
STREET ADDRESS **11030 CAMERON CT**
CITY-ST-ZIP **DAVIE FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **MOSQUERA, MONICA**
STREET ADDRESS **6163 SW 191st AVE**
CITY-ST-ZIP **PEMBROKE PINES, FLORIDA 33332**

TITLE **SVD** ☒ Change ☐ Addition
NAME **MOSQUERA, GILBERTO**
STREET ADDRESS **6163 SW 191st AVE**
CITY-ST-ZIP **PEMBROKE PINES, FLORIDA 33332**

TITLE ☐ Change ☐ Addition
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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: *Monica Mosquera* **SIGNATURE REQUIRED**

OFFICER

01/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Monica Mosquera **04/11/03**

CR2E034 (10/02)