

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000070969**
 1. Entity Name
FIMA PAINTING & WATERPROOFING INC

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90124 031 ***150.00

652241

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4141 NAUTILUS DRIVE # 4A
MIAMI BEACH, FLORIDA 33140

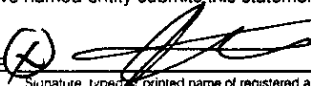
2. Principal Place of Business 3. Mailing Address
4141 NAUTILUS DRIVE **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
4A **SAME**

City & State City & State
MIAMI BEACH, FLORIDA **SAME**
 Zip Country Zip Country
33140 **DADE** **SAME** **SAME**

4. FEI Number Applied For
65-0949950 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

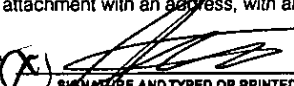
6. Name and Address of Current Registered Agent
YEFIM BORSHCHUKOV
4141 NAUTILUS DRIVE #4A
MIAMI BEACH, FLORIDA 33140

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  **4/12/00**
 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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDTE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YEFIM BORSHCHUKOV		NAME		
STREET ADDRESS	4141 NAUTILUS DRIVE #4A		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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  **YEFIM BORSHCHUKOV** **4/12/00** **(305) 531-9620**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)