2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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INTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P99000082161 DELCO PAINTING & TEXTURING SERVICES, INC. 03-19-2001 90026 033 ***158.75 Principal Place of Business Mailing Address 7790 SPRING CREEK DR. 7790 SPRING CREEK DR. WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number Applied For 65-0948140 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTREPAT P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE. CORAL GABLES FL 33134 City 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Psyable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 presidenT. TITLE Delete TIRE Change : Addition NAME DELGADO, OSCAR E NAME OSCAR DELGADO STREET ADDRESS STREET ADDRESS 7790 SPRING CREEK DR. 127 PARKWOOD DR. SW CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 polon Beach Fl TITLE ☐ Delete TITLE Change . Director Edvardo Delgardo NAME DELGADO, EDUARDO NAME STREET ADDRESS STREET ADDRESS 155 colophim LN 7790 SPRING CREEK DR. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 PAlm TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-7/P TITLE ☐ Delate TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P 13. I hereby certify that the information supplied with this filling 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 eath; 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.

FILED

(SGI) 712-466Z