

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086198

1. Entity Name
C.O. PAINTING, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90077 013 ***150.00

Principal Place of Business

12125 SW 3 ST
MIAMI FL 33184

Mailing Address

12125 SW 3 ST
MIAMI FL 33184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0950549

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIGIL, JUAN C
928 S.W. 30TH AVENUE
APT 8
MIAMI FL 33135

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	VIGIL, JUAN C	NAME	
STREET ADDRESS	928 S.W. 30TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment Doc#
P99000086198
C0031988

Mail this postcard to businesses and people who send you mail.

Please send mail to new address beginning: 03 / /
Month Day Year

C.O. Paulding, Inc.
My Name (Last name, first name, middle)
VIGIL JUAN E.

OLD Address
OLD Complete Street Address or PO Box or Rural Route and RR Box Apt./Suite #
12125 SW. 3rd. ~~110~~
City or Post Office State ZIP or ZIP +4 Code
Miami FL 33184

NEW Address
NEW Complete Street Address or PO Box or Rural Route and RR Box Apt./Suite #
14907 SW. 80st. 110
City or Post Office State ZIP or ZIP +4 Code
Miami FL 33193

NEW Telephone Number (Optional)
(305) 323-9110

Account Number (If applicable)
#65-0950549

Signature Today's Date: 03/03/01
Month Day Year

PS FORM 3576, January 2001

See <http://www.usps.com/moversnet> for more information.