2000 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2000 08:00 AM DOCUMENT # **P99000088891** 1. Entity Name **Secretary of State** PICASSO PAINTING CO. Principal Place of Business Mailing Address 1660 FOOTHILL TERRACE 1660 FOOTHILL TERRACE DELTONA FL DELTONA FL 32725 32725 2. Principal Place of Business 3. Mailing Address 6300 SW 63RD AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI FL 65-0957116 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLEINHANS 6300 SW 63RD AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33143 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. 04/29/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TILE X Change ☐ Addition LYDECKER LOUIS NAME LYDECKER LOUIS STREET ADDRESS 6300 SW 63RD AVE. STREET ADDRESS 6300 SW 63RD AVE. CITY-ST-ZIP MIAMI 33143 CITY-ST-ZIP MIAMI 33143 TITLE ☐ Delete TITLE X Change ☐ Addition NAME GEORGE NAME KLEINHANS GEORGE KLEINHANS STREET ADDRESS 6300 SW 63RD AVE. STREET ACCRESS 6300 SW 63RD AVE. CITY-ST-ZIF MIAMI FT. 33143 CITY-ST-7IP MIAMI FT. 33143 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7/8

CIONIATUDE. Coorgo Vloinhons

CITY-ST-7IP

D 04/20/20

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