## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000107032 Aug 17, 2000 8:00 am Secretary of State 1. Entity Name MIAMI STRIPING INC. 08-17-2000 90103 046 \*\*\*150.00 Principal Place of Business Mailing Address 9352 3W-8 STREET: APT: 127 9952 SW 8 STREET, APT, 127 MIAMI FL 39174 MIAMI-FL 99174 3. Mailing Address. 1346 N.N. So. LIVER DEVE 2. Principal Place of Business 8346 N.W. So. RIVER DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc SUITE B 4. FEI Number 65-096 76 95 Applied For City & State Not Applicable MEDLE \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSELL, ROBERTO Street Address (P.O. Box Number is Not Acceptable) -0952 SW 8 STREET: APT: 127 MIAMI FL 33174--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 Floriday (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS TITLE TITLE PD Delete ROSEL, ROBERTO 8346 N.W.So. RIVER DR #B MEDLEY FL 33166 NAME STREET ADDRESS STREET ADDRESS 9952-SW-8 STREET: APT: 127 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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.

## MIAMI STRIPPING INC. 8346 NW SO. RIVER DR. SUITE B **MEDLEY FLORIDA 33166**

August 9, 2000

Uniform Business Report **Division of Corporations** P.O.Box 1500 Tallahassee Florida 32302------

Dear representative:

We respectfully request you accept the enclosed 2000 Uniform Business Report and the \$150.00 fee at this time, as the form did not get in our hands until now. The corporation was initiated in 1999 and our address and place of business changed since that time. We will file timely in the future.

Sincerely

Miami Stripping Inc.