

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90147 038 ***150.00

DOCUMENT # P99000107032

1. Entity Name
MIAMI STRIPING INC.

Principal Place of Business

**8346 NW SO RIVER DR
 STE B
 MEDLEY FL 33166**

Mailing Address

**8346 NW SO RIVER DR
 STE B
 MEDLEY FL 33166**

2. Principal Place of Business

8167 NW 74 Ave

3. Mailing Address

8167 NW 74 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Medley, FL

Zip

33166

Country

U.S.A

Zip

33166

Country

U.S.A

4. FEI Number

65-0967695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSELL, ROBERTO
 8346 NW SO RIVER DR
 STE B
 MEDLEY FL 33166**

7. Name and Address of New Registered Agent

Name **Osvaldo Monzon**

Street Address (P.O. Box Number is Not Acceptable)

12805 SW 19 ST

City **MIAMI**

FL

Zip Code

33175

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 **Osvaldo Monzon, Vice-President** **04-16-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **ROSEL, ROBERTO**
 STREET ADDRESS **8346 NW SO RIVER DR #B**
 CITY-ST-ZIP **MEDLEY FL 33166**

TITLE **VP** ☐ Delete
 NAME **RIVERA, FRANK**
 STREET ADDRESS **8346 NW SOUTH RIV, STE B MEDLEY**
 CITY-ST-ZIP **MEDLEY FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V.P. Osvaldo Monzon** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **12805 SW 19 ST**
 CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Robert Rosell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-02

Date

(305) 225-8666

Daytime Phone #

CR2E034 (9/01)