## **2002 UNIFORM BUSINESS REPORT (UBR)**

| 1. Entity Nam   | MENT # V33758 INTING & WATERPROOFING  |  |   |  | Apr 24, 2002 8:00 an<br>Secretary of State<br>04-24-2002 90317 032 ***150.00  | 1                |  |
|---|---|--|---|--|---|------------------|--|
| Principal Plac  | ce of Business  | Mailing Address  |   |  |   |                  |  |
| 1031 IVES DAIRY ROAD<br>SUITE 228<br>NORTH MIAMI BEACH FL 33179   |   | 1031 IVES DAIRY ROAD<br>SUITE 228<br>NORTH MIAMI BEACH FL 33179  |   |  |   |                  |  |
| 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.   | 65-0331390 Applied For Not Applied For  | e                |  |
| Zip   | Country   | Zip  | Country   | 5,   | Certificate of Status Desired   \$8.75 Additional   |                  |  |
|   | 6. Name and Address of Current Re   | egistered Agent  |   | 7.   | Fee Required  | 7                |  |
|   |   | <del></del>  | Name  |  |   | ٦                |  |
| GUERRERO, OSCAR R<br>411 SAILBOAT CIRCLE  |   |  | Street A  | Street Address (P.O. Box Number is Not Acceptable) |   |                  |  |
| WESTON FL 33326   |   |  |   |  | ·   |                  |  |
|   |   |  | City  | City FL Zip Code                                   |   |                  |  |
| SIGNATURE .   | named entity submits this statement for t   | title if applicable. (NOTE: F  | Registered Agent signate                                    | ure required when                                  |   |                  |  |
| <ul> <li>9. This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ul> |   | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta |   | 50.00  | 10. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees  |                  |  |
| 11.   | OFFICERS AND DI   | RECTORS  | 12.   | A  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   | ٥                |  |
| TITLE<br>NAME<br>Street address<br>City-St-Zip  | PDT<br>GUERRERO, OSCAR R<br>1031 IVES DAIRY ROAD / STE - 22<br>N MIAMI BEACH FL   |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |  | ☐ Change . ☐ Addition   | ,                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>GUERRERO, ROASARIO<br>1031 JUSS DAIRY ROAD #228<br>MIAMI FL 33179   | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                       | GULRR<br>1031 I                                    | ZERO, ROSARIO  TVES DAIRY RO \$228  | ı   <del> </del> |  |
| Title<br>Name<br>Street address<br>City-St-Zip  |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |  | ☐ Change ☐ Addition   |                  |  |
| TITLE<br>NAME<br>STREET ADDRESS :<br>CITY-ST-ZIP  |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |  | ☐ Change ☐ Addition   |                  |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip  |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |  | ☐ Change ☐ Addition   |                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |  | ☐ Change ☐ Addition   |                  |  |
| indicated of the core   | ertify that the information supplied with the on this report or supplemental report is tructoration or the receiver of trustee empsystem on an attackment with an address, with | ue and accurate and that my<br>ered to execute this report as  | ne exemption state<br>signature shall ha<br>required by Cha | ed in Section<br>ave the same<br>pter 607, Flor    | n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 11 or Block 12 if |                  |  |

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

9 11/0S

(304) 6519392

Daytime Phone #