2001 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # V42910** 1. Entity Name PARKS REMODELING & PAINTING, INC. 04-20-2001 90005 025 ***150.00 Principal Place of Business Mailing Address 15925 S.W. 77TH COURT 15925 S.W. 77TH COURT MIAMI FL 33157 MIAMI FL 33157 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0340818 Not Applicable Zip Country Country \$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 Name PARKS, RICHARD T. Street Address (P.O. Box Number is Not Acceptable) 15925 S.W. 77TH COURT FIFTH FLOOR MIAMI FL 33157 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTS Delete Change ☐ Addition TITLE TITLE PARKS, RICHARD T. NAME NAME 15925 S.W. 77TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE Change ☐ Addition NAME PARKS, RICHARD T. NAME STREET ADDRESS 15925 S.W. 77TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE -Change Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR