

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V45742**

1. Entity Name

BLUE SKY PAINTING CONTRACTOR COMPANY

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90036 005 ***150.00

Principal Place of Business

Mailing Address

~~9045 SW 50 ST~~ **30770 S.W 228 Ave** ~~9045 SW 50 ST~~ **30770 S.W. 228 Ave**
~~MIAMI FL 33165~~ **33030** ~~MIAMI FL 33165~~ **33030**
US **US**

2. Principal Place of Business

30770 S.W 228 Ave

3. Mailing Address

30770 S.W 228 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mia Fla.

City & State

Miami FL

Zip

33030

Country

Dade

Zip

33030

Country

Dade.

6. Name and Address of Current Registered Agent

QUINONES, EDUARDO J.

~~9045 SW 50 ST~~ **30770 S.W 228 Ave**
~~MIAMI FL 33165~~ **33030**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE *Eduardo Quinones*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so: ☐
(See criteria on back)

FILE NOW!!! FEES \$150.00
After MAY 1, 2001 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 **P** ☐ Delete
NAME **QUINONEZ, EDUARDO J.**
STREET ADDRESS ~~9045 SW 50 ST~~ **30770 S.W 228 Ave**
CITY-ST-ZIP **MIAMI FL 33030**

TITLE **ST** ☐ Delete
NAME **DIAZ-QUINONEZ, THERESA**
STREET ADDRESS ~~9045 SW 50 ST~~ **30770 S.W 228 Ave**
CITY-ST-ZIP **MIAMI FL 33030**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE *Charles Quinones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 305 221-1000

CR2E034 (10/00)