

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90145 019 \*\*\*558.75

**DOCUMENT # V48694**

1. Entity Name

AMERICA'S BEST PAINTING AND WATERPROOFING, INC.

Principal Place of Business

16499 NE 19TH AVENUE  
 SUITE ~~100~~ 106  
 NORTH MIAMI BEACH FL 33162  
 US

Mailing Address

16499 NE 19TH AVENUE  
 SUITE ~~100~~ 106  
 NORTH MIAMI BEACH FL 33162  
 US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0340241

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBLEJO, GUY R  
 16499 NE 19TH AVENUE  
 SUITE ~~101~~ 106  
 NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-4-02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME NOLASCO, RAFAEL  
 STREET ADDRESS 16499 NE 19TH AVENUE, SUITE 101  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE SD  
 NAME NOLASCO, AMBIOIRX  
 STREET ADDRESS 16499 NE 19TH AVENUE, SUITE 101  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE VPT  
 NAME ROBLEJO, GUY R  
 STREET ADDRESS 16499 NE 19TH AVENUE, SUITE 101  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-02

Date

305-999-3499

Daytime Phone #

CR2E034 (4/02)