2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K02993

1. Entity Name

K & M MAINTENANCE SERVICES, INC.

Principal Place of Business
260 NW 117 AVENUE
CORAL SPRINGS FL 33071

Mailing Address

260 NW 117TH AVENUE CORAL SPRINGS FL 33073-1920



FILED

May 17, 2000 8:00 am Secretary of State

05-17-2000 90920 049 ***150.00

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2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc. AAZI NW 69 PLACE				Suite, Apt. #, etc. A421 NW 69 PLACE				DO NOT WRITE IN THIS SPACE
COCONUT CREEK, FLA				COCONUT CREEK, FLA			4	4. FEI Number 58-1793944 Applied For Not Applicable
Zip Country SPSWAR US			us	2ip Count 33073 US			5.	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent							7.	7. Name and Address of New Registered Agent
					Name*			
FINUCAN, KENNETH 260 NW 117TH AVENUE CORAL SPRINGS FL 33071					Street Address (P.O. Box Number is Not Acceptable)			
					City FL Zip Code			
8. The above	Kerrel	y sylomits this statem	KE	WETH FINUCATE (NOTE	: Registere	d Agent signature	required when	agent, or both, in the State of Florida. O4/21/00 an reinstating) DATE
<u> </u>				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			0.00 of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.		OFFICERS	AND DIF	RECTORS	12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-SI-ZIP	260 NW	, Kenneth I 17th Avenue Prings Fl		☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Υ.	☐ Delete			,	☐ Change ☐ Addition ←
TITLE NAME				☐ Delete		1	-	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ 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 of 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR