DOCUMENT # K02993 1. Entity Name K & M MAINTENANCE SERVICES, INC.

FILED Apr 20, 2001 8:00 am Secretary of State 04-20-2001 90164 026 ***150.00

4421 NW 69TH COCONUT CRE US		. *	Mailing Address 4421 NW 69TH PLACE COCONUT CREEK FL 33073 US			1 Profesia bik terip dibib dal	# # } # ###############################	BORNE BURKI BORNE BU	ia ii a ibii habi
2. Principal f	Place of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT	WRITE IN TH	S SPACE	
City & State			City & State		4.	FEI Number 58-179	3944		applied For lot Applicable
Zip		Country	Zip	Country	5.	Certificate of Status Desi	red 🗌	\$8.75 Ac	Iditional
	6. Name	and Address of Current R	legistered Agent	<u> </u>	7.	Name and Address of N	lew Registere		
		:		N	ame				•
260	JCAN, KENN NW 117TH	AVENUE	Str		Street Address (P.O. Box Number is Not Acceptable)				
COR	RAL SPRING	S FL 33071			N			- T- C-	4.
				City			F	L Zip Cod	ie i
8. The above	named entity	submits this statement for	the purpose of changing its	registered of	fice or registered ac	gent, or both, in the State	of Florida.		
SIGNATURE .	Signature, typed o	or printed name of registered agent an	d title if applicable. (NOTE	: Registered Ager	t signature required when r	reinstating)	DATE		
9 This corpo	oration is aligi	ble to estich its Intendible	FILE NOW!	II EEE IS S	150 00	i			
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of S		be \$550.00	10. Election Campaig Trust Fund Contri			00 May Be d to Fees
(See criter	ria on back)	Ļ	Make Check Payab	le to Depar	ment of State	ridat i dila contri	battori.		- 10
	ria on back)								
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11.		OFFICERS AND D		12.					
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11. TITLE NAME	P FINUCAN,	OFFICERS AND D KENNETH 17TH AVENUE	IRECTORS	12. TITLE NAME	AESS			VD DIRECTOR	S IN 11
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I nereby 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

KENNETH FLYWOON