2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # P97000005318 ALL COUNTY MAINTENANCE SERVICES, INC. 05-19-2000 90046 010 ***150 00 Principal Place of Business Mailing Address 3085 NE 13TH AVE. STE 3 3085 NE 13TH AVE. STE 3 OAKLAND PARK FL 33334-4421 OAKLAND PARK FL 33334 2. Principal Place of Business 186/ N. FEDERM 3. Mailing Address 1861 10w, Suite, Apt. #, etc. 302 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0722850 R TULY WOOD Not Applicable Country \$8.75 Additional 33020 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'CAMPO, HENRY P.O. Box Number is Not Acceptable) 3085 NE 13TH AVE. STE 3 OAKLAND PARK FL 33334 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 OCAMPO PRES Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **Change** TITLE Delete TITLE O'CAMPO, HENRY NAME HWY #302 1861 N. FEDERAL STREET ADDRESS 3085 N.E. 13 AVENUE #3 STREET ADDRESS HOLLY WOOD 33020 OAKLAND PARK FL 33334 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OCAMPO, PRES,