

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90285 030 \*\*\*150.00

**DOCUMENT # P94000040924**

1. Entity Name  
**A. AVENTURA MAID SERVICES, INC.**



Principal Place of Business  
**10727 WEST DIXIE HWY  
SUITE 104  
NORTH MIAMI BEACH FL 33160  
US**

Mailing Address  
**P.O. BOX 601101  
NORTH MIAMI BEACH FL 33160  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**17027 W. DIXIE HWY  
SUITE. 104**

3. Mailing Address  
**Suite, Apt. #, etc.**

City & State  
**NORTH MIAMI BEACH, FL.**

City & State

4. FEI Number **65-0495014**

Applied For  
Not Applicable

Zip  
**33160**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**VELAZCO, DIANA ROSA  
811 N E 10TH ST  
HALLANDALE FL 33009**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD VELAZCO, DIANA ROSA 811 N E 10TH ST HALLANDALE FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** **DIANA ROSA VELAZCO** **1/28/03** **937-1011** **(305)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)