2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am 534022 DOCUMENT # **Secretary of State** 1. Entity Name JOSAN, BUILDING MAINTENANCE INC. 02-04-2002 90177 027 ***150 00 Mailing Address Principal Place of Business 1843 NE 186TH STREET 1843 NE 186TH STREET NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1767031 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUQUE, JOSE A. Street Address (P.O. Box Number is Not Acceptable) **1843 NE 186TH STREET** NORTH MIAMI BEACH FL 33179 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)☐ Change Addition TITLE TITLE ☐ Delete DUQUE, JOSE A. NAME NAME CR2E034 **1843 NE 186TH STREET** STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete DUQUE, JR., SANTIAGO NAME NAME **1843 NE 186TH STREET** STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ★ Addition ~ - 🔀 Delete TITLE TITI F MORRINA, MARIA V. NAME DUQUE, EDUARDO **1843 NE 186TH STREET** STREET ADDRESS STREET ADDRESS 1843 NE 186TH STREET N. MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH, FL 33179 Change Addition ☐ 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 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

ure requiries e a

DUQUE 1/14/02 (305) 932-5267

FILED