

UNIFORM BUSINESS REPORT (UBR)

082400

DOCUMENT # K11448

1. Entity Name
BUILDING MAINTENANCE SERVICES
OF AMERICA, INC.

Principal Place of Business Mailing Address
4880 S.W. 152ND PLACE UNIT E
MIAMI FL 33185

2. Principal Place of Business 3. Mailing Address
4880 S.W. 152ND PLACE #E SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT #E

City & State City & State
MIAMI

Zip Country Zip Country
33185

6. Name and Address of Current Registered Agent

PEARLINE BROWN
4880 S.W. 152ND PLACE #E
MIAMI, FL 33185

7. Name and Address of New Registered Agent

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.

SIGNATURE *Pearline R* PEARLINE BROWN 8/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PEARLINE BROWN
STREET ADDRESS 4880 S.W. 152ND PLACE #E
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ Delete
NAME VICE PRESIDENT DIRECTOR
STREET ADDRESS CULHAM B. AMENIOR
CITY-ST-ZIP 4880 S.W. 152ND PLACE #E
MIAMI, FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003389659--9
CITY-ST-ZIP -09/12/00-01038-009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ****158.75 ****158.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003389659--9
CITY-ST-ZIP -09/12/00-01038-010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ****150.00 ****150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Pearline R* PEARLINE BROWN 8/21/00 (305) 52-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE