## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # K32432** 1. Entity Name ROPER'S BUILDING MAINTENANCE AND JANITORIAL SERV 01-28-2000 90165 031 \*\*\*158.75 Principal Place of Business Mailing Address % VALENTIN C. RODRIGUEZ % VALENTIN C. RODRIGUEZ 1812 LAUREL LANE 1812 LAUREL LANE LAKE CLARKE SHORES FL 33406-6744 LAKE CLARKE SHORES FL 33406-6744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0039566 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired. - - 🔃 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, ENA R. Street Address (P.O. Box Number is Not Acceptable) 1812 LAUREL LANE LAKE CLARKE SHORES FL 33406 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 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. 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 11. 12. D۷ ☐ Addition TITLE ☐ Delete TITLE RODRIGUEZ, VALENTIN C. NAME STREET ADDRESS STREET ADDRESS 1812 LAUREL LANE CITY-ST-ZIP CITY-ST-ZIP LK CLARKE SHORES FL ☐ Change Addition Delete TITLE TITLE PEREZ, ENA R NAME NAME STREET ADDRESS 1812 LAUREL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LK CLARKE SHORES FL Delete ☐ Change ☐ Addition TITLE TITLE PEREZ, ENA R. NAME NAME STREET ADDRESS STREET ADDRESS 1812 LAUREL LANE CITY-ST-ZIP CITY-ST-ZIP LK CLARKE SHORES FL ☐ Change Addition TITLE ☐ Delete TITLE RODRIGUEZ, IRIS M. NAME NAME STREET ADDRESS 1923 LAUREL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CLARKE SHORES FL ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR

1 17 00 561-964-4686
Date Davime Phone #

FILED