## 2002 Uniform Business Report (UBR)

## Apr 16, 2002 8:00 am \$ Secretary of State 94-16-2002 90065 047 \$ 5 **DOCUMENT #** L01554 1. Entity Name ALLIED MAINTENANCES, INC. Principal Place of Business Mailing Address 717 PONCE DE LEON BLVD 717 PONCE DE LEON BLVD **SUITE 317** SUITE 317 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0246133 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, MIGUEL M., ESQ. Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON BLVD. **SUITE 317** CORAL GABLES FL 33134 City 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change CR2E034 (9/01) Addition SUAREZ, RICARDO S. NAME NAME 717 PONCE DE LEON BLVD., SUITE 317 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SUAREZ, JOAQUIN PEDRO NAME NAME STREET ADDRESS 717 PONCE DE LEON BLVD., SUITE 317 STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE" ☐ · Delete ~ -~ \_\_\_Change\_ ☐ Addition NAME Suarez, Maria Isabel NAME STREET ADDRESS 717 PONCE DE LEON BLVD., SUITE 317 STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T/T/ F ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING 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. -ዕዕገ

Attachment tt L01554/631253

## MIGUEL M. GONZALEZ

PROFESSIONAL ASSOCIATION

SUITE 317, COMMONWEALTH BUILDING 717 PONCE DE LEON BOULEVARD CORAL GABLES, FLORIDA 33134 TELEPHONE (305) 461-1650

FACSIMILE (305) 448-8461

April 8, 2002

Our File No. 8151001

Secretary of State
Division of Corporations
Uniform Business Report
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: L01554

ALLIED MAINTENANCES, INC.,

2 ha formals

a Florida corporation

Dear Sir:

Enclosed is the executed 2002 Uniform Business Report for the above-referenced corporation.

I also enclosed a check payable to the Secretary of State in the amount \$150.00, representing your filing fee.

Sincerely yours,

Miguel M. Gonzalez

Enclosures

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