FROM : PROMASA FAX NO. : 507 2536944

05-01-2003 11:05 FROM MIGUEL M. GONZALEZ, P.A. TO

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90814 002 ***150.00

2003 FOR PROFIT INCORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01554

1. Entity Name
ALLIED MAINTENANCES, INC.

Principal Place of Business	Mailing Address
717 PONCE DE LEON BLVD SUITE 317 CORAL GABLES FL 33134 US	717 PONCE DE LEON BLVD SUITE 317 CORAL GABLES FL 33134 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. Fei Number 65-0248153 — Applied For / Not Applicable

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
GONZALEZ, MIGUEL M. ESQ. 717 PONCE DE LEON BLVD. SUITE 317 CORAL GABLES FL 33134	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 _____ DATE

Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME SUAREZ, RICARDO S. STREET ADDRESS 717 PONCE DE LEON BLVD., SUITE 317 CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME SUAREZ, JOAQUIN PEDRO STREET ADDRESS 717 PONCE DE LEON BLVD., SUITE 317 CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME SUAREZ, MARIA ISABEL STREET ADDRESS 717 PONCE DE LEON BLVD., SUITE 317 CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 an attachment with an address, with blank lines, if necessary.

SIGNATURE: ✓ _____ 4/28/03 305-461-1650
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION — Date — Daytime Phone #

TOTAL P.01