

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55133

1. Entity Name

FACILITIES MANAGEMENT & SERVICES OF AMERICA, INC

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90126 044 ***150.00

Principal Place of Business

1166 W NEWPORT CENTER DRIVE
SUITE 114
DEERFIELD BEACH FL 33442
US

Mailing Address

1166 W NEWPORT CENTER DRIVE
STE 114
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0161080

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

RUBENSTEIN, STEVEN R.
1166 W NEWPORT CENTER DR, #114
SUITE 510
DEERFIELD BEACH FL 33442

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

DP

☐ Delete

NAME

RUBENSTEIN, STEVEN R.

STREET ADDRESS

1166 W NEWPORT CENTER DRIVE, STE 114

CITY-ST-ZIP

DEERFIELD BEACH FL 33442

TITLE

DVS

☐ Delete

NAME

LITT, SHARON M.

STREET ADDRESS

5429 BEAUMONT CENTER, SUITE 800

CITY-ST-ZIP

TAMPA FL 33631

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

984571-993322

Date

Daytime Phone #

CR2E034 (10/00)