

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55133

1. Entity Name  
FACILITIES MANAGEMENT & SERVICES OF AMERICA, INC



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90068 020 \*\*\*150.00

0413556 AV

Principal Place of Business Address  
~~1166 W NEWPORT CENTER DRIVE~~ Suite 200  
~~SUITE 114~~  
~~DEERFIELD BEACH FL 33442~~ Boca Raton  
US FL 33431



2. Principal Place of Business  
777 Yamato Road  
Suite, Apt. #, etc.  
Suite 200  
City & State  
Boca Raton, FL

3. Mailing Address  
777 Yamato Road  
Suite, Apt. #, etc.  
Suite 200  
City & State  
Boca Raton, FL

☐ CHECK HERE IF MAKING CHANGES

Zip  
33431 Country  
Palm Beach

Zip  
33431 Country  
Palm Beach

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~~

777 Yamato Road  
Suite 200  
Boca Raton, FL 33431

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
RUBENSTEIN, STEVEN R.  
~~1166 W NEWPORT CENTER DRIVE, STE 114~~  
~~DEERFIELD BEACH FL 33442~~

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
LITT, SHARON M.  
4505 WOODLAND CORPORATE BLVD STE 100  
TAMPA FL 33614

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 561 9986711  
Date Daytime Phone #

CR2E034 (10/02)