## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## Jan 15, 2003 8:00 am Secretary of State **DOCUMENT #** M30463 1. Entity Name 01-15-2003 90262 012 \*\*\*150.00 SPARKLING BUILDING MAINTENANCE, INC. Principal Place of Business Mailing Address 7353 NW 8 ST P.O. BOX 2078 DUUURUUU STE K TAMIAMI\_STATION MIAMI FL 33126 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2662876 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 7353 N.W. 8TH STREET SUITE K MIAMI FL 33126 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10.-OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change SANCHEZ, JOSE Addition NAME 9119 GRAN CANAL DRIVE STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change SANCHEZ, MERCEDES ☐ Addition NAME NAME STREET ADDRESS 9119 GRAND CANAL DR. STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-ZIP\_ TITLE

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

CITY-ST-ZIP

STREET ADDRESS

TITLE

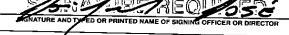
NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IE



☐ Delete

PINCHEO 1-15-03
Date Daytime Phone #

FILED

☐ Change

☐ Addition