

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001698

1. Entity Name

ON-SITE MANAGEMENT SERVICES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-03-2000 90030 030 ***158.75

Principal Place of Business Mailing Address
17681 SW 31 COURT 17681 SW 31 COURT
MIRAMAR FL 33029 MIRAMAR FL 33029

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. 18331 Pines Blvd.
City & State Suite, Apt. #, etc.
218
City & State Pembroke Pines, FL
Zip Country Zip Country
33029 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0990327 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GRAVES, LAMONT
17681 SW 31 COURT
MIRAMAR FL 33029
7. Name and Address of New Registered Agent
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

Lamont Graves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

954-447-8662
Daytime Phone #

CR2E034 (9/99)