2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-05-2003 92205 013 ***158.75
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 28 AM 10:58

DOCUMENT # P00000013232

1. Entity Name

BEATA MAINTENANCE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 841 DARWIN RD	Suite, Apt. #, etc.: 841 DARWIN RD.
City & State: VENICE, FLORIDA	City & State: VENICE, FLORIDA
Zip: 34293 Country: U.S.A.	Zip: 34293 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3706312 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BEATA SALANOWSKI

Street Address (P.O. Box Number is Not Acceptable): 841 DARWIN RD

City: VENICE FL Zip Code: 34293

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: Beata Salanowski. APRIL 27, 2003.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE D NAME BEATA SALANOWSKI STREET ADDRESS 841 DARWIN RD CITY-ST-ZIP VENICE, FL. 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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

SIGNATURE: Beata Salanowski. APRIL 27, 2003.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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