

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000033458**1. Entity Name
T & E MAINTENANCE COMPANY, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90218 023 ***150.00

0024509 AV

Principal Place of Business

**6705 FICUS DRIVE
MIRAMAR FL 33023**

Mailing Address

**6705 FICUS DRIVE
MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0996189**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PECHINSKY, CONCETTA
6705 FICUS DRIVE
MIRAMAR FL 33023**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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	PD PECHINSKY, CONCETTA 6705 FICUS DRIVE MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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 REQUIRED
Concetta Pechinsky P/D

8/20/02

954-430-1551

Attachment

PDO 00003345J

6705 Ficus Drive
Miramar, FL 33023

August 22, 2002

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

~~This is to inform you that the first notice of the Uniform Business~~
Report was not received. We ask that the late fee be waived.

Thank you,

Concetta Pechinsky
Concetta Pechinsky
President/Director