

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048137

1. Entity Name

A-UNITED BUILDING MAINTENANCE OF MIAMI CORP.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90271 043 ***150.00

Principal Place of Business

8567 CORAL WAY
PMB271
MIAMI FL 33155

Mailing Address

8567 CORAL WAY
PMB271
MIAMI FL 33155

C0065258



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

65-1007945

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

~~CORONADO, NESTOR
7368 CORAL WAY
SUITE 215
MIAMI FL 33155~~

Name MAGDIEL CASTRO

Street Address (P.O. Box Number is Not Acceptable)

8961 SW 72 ST

APT. 215

City MIAMI

FL

Zip Code

33173

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

Magdiel Castro MAGDIEL CASTRO

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, 2001 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 PVSD ☐ Delete
NAME CASTRO, MAGDIEL
STREET ADDRESS 2210 S.W. 89TH AVENUE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☒ Change ☐ Addition
NAME 8961 SW 72 ST., APT. 215
STREET ADDRESS MIAMI FL 33173
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Magdiel Castro MAGDIEL CASTRO

Date

Daytime Phone #

(305) 298-3676

CR2E034 (10/00)

0190334