

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90031 044 ***150.00

DOCUMENT # P00000056367

1. Entity Name

AMERICAMAID CLEANING SERVICE, INC

Principal Place of Business Mailing Address

8773 SW 146 ST
 MIAMI FL 33176

2. Principal Place of Business

10368 SW 212 ST

Suite, Apt. #, etc.

207

City & State

MIAMI FL

Zip

33189

Country

US

3. Mailing Address

10368 SW 212 ST

Suite, Apt. #, etc.

207

City & State

MIAMI FL

Zip

33189

Country

US

4. FEI Number

65-1017516

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

658356

6. Name and Address of Current Registered Agent

LUIS FABIO DINIZ MAFFIOLETTI DOS REIS

10368 SW 212 ST

MIAMI FL

33189

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, 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

TITLE P
 NAME LUIS FABIO DINIZ MAFFIOLETTI DOS REIS
 STREET ADDRESS 10368 SW 212 ST APT 207
 CITY-ST-ZIP MIAMI FL 33189

TITLE D
 NAME MARIA SANDRA LIMA COSTA MAFFIOLETTI
 STREET ADDRESS 10368 SW 212 ST APT 207
 CITY-ST-ZIP MIAMI FL 33189

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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:

LUIS FABIO DINIZ MAFFIOLETTI DOS REIS

Date

Daytime Phone #

CR2E034 (11/00)