

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91268 022 ***150.00

U299030 AV

DOCUMENT # P00000056367

1. Entity Name
AMERICAMAID CLEANING SERVICE, INC.

Principal Place of Business 10368 SW 212 ST 207 MIAMI FL 33189	Mailing Address 10368 SW 212 ST 207 MIAMI FL 33189
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1017516** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MAFFIOLETTI DO REIS, LUIZ FABIO D
10368 NW 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, 2002 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 type="checkbox"/> Addition
P	MAFFIOLETTI DO REIS, LUIZ FABIO D	10368 SW 212 ST APT 207	MIAMI FL 33189	<input type="checkbox"/> Delete				
D	DE LIMA DA COSTA, MARIA SANDRA	10368 SW 212 ST APT 207	MIAMI FL 33189	<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)