

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91269 039 ***150.00

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**

2. Principal Place of Business

10715 SW 190 ST.

3. Mailing Address

10715 SW 190 ST.

Suite, Apt. #, etc.

Bay 31

Suite, Apt. #, etc.

Bay 31

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33157

Country

U.S.A.

Zip

33157

Country

U.S.A.

4. FEI Number

65-1017516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

MAFFIOLETTI, DOS REIS, LUIZ FABIO D

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

10368 SW 212 ST. APT 207

City

MIAMI

FL

Zip Code

33189

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 reinstating)

DATE

04-23-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **MAFFIOLETTI DO REIS, LUIZ FABIO D**
STREET ADDRESS **10368 SW 212 ST APT 207**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ Delete
NAME **DE LIMA DA COSTA, MARIA SANDRA**
STREET ADDRESS **10368 SW 212 ST APT 207**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-23-03 (305) 278-1477

CR2E034 (10/02)