

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90023 045 ***150.00

0069480 AV

DOCUMENT # P00000059603

1. Entity Name

CMS MAINTENANCE SERVICES, INC.

Principal Place of Business
4641 S. UNIVERSITY DRIVE
DAVIE FL 33328-3817

Mailing Address
4641 S. UNIVERSITY DRIVE
DAVIE FL 33328-3817

2. Principal Place of Business

3. Mailing Address

C/O SANTOS ASSOCIATES, Accountants
 Suite, Apt. #, etc.

P.O. Box 81-6388
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Hollywood FL USA
33081-0388 BROWARD

4. FEI Number

Applied For

Not Applicable

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

SANTOS, EDWARD J
4641 S. UNIVERSITY DRIVE
DAVIE FL 33328-3817

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D**
 NAME **SANTOS, EDWARD J**
 STREET ADDRESS **4641 S. UNIVERSITY DRIVE**
 CITY-ST-ZIP **DAVIE FL 33328-3817**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **D**
 NAME **SALVATORE VERRILLI**
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME **5385 SW 33rd Terrace**
 STREET ADDRESS **Ft. Lauderdale FL 33312-5575**
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

7-12-01

954-9666006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (5/01)

**CMS
MAINTENANCE
SERVICES, INC.**

P.O. Box 81-6388
Hollywood, FL 33081-6388

Phone: 954-927-6565
FAX: 954-926-6608
e-mail: Cissv@worldnet.att.net

Attachment

Dr. #P00000059603
773306

July 17, 2001

Department of State
Division of Corporations

Dear Division of Corporations

Concerning the 2001 Uniform Business Report. My tax man who originally open the company with his office address for me just received the form. This late form is the only form that he has received. He never received the first one. I immediately call your department and was told to send in the normal fee with this letter. So I have enclosed \$150.00.

Sincerely,



Salvatore Verrilli
President