

# 2001 UNIFORM BUSINESS REPORT (UBR)

71

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90008 005 \*\*\*158.75

DOCUMENT # P00000073166

1. Entity Name

JOSHUA'S MAINTENANCE SERVICES, INC.


(18)

Principal Place of Business

100 MADRID DR.  
 APT C115  
 PALM SPRINGS, FL 33461

Mailing Address

100 MADRID DR.  
 APT. C115  
 PALM SPRINGS, FL 33461

119014  


2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1091252

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

Name JOSE DE JESUS BASILIO

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

250 NW 107 AVENUE  
 #108

City MIAMI

FL

Zip Code 33172

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 reissuing)

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

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

TITLE P  
 NAME JUAN VICTOR GOMEZ ☐ Delete  
 STREET ADDRESS 100 MADRID DR. #C115  
 CITY-ST-ZIP PALM SPRINGS, FL 33461

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

Juan Victor Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/01 (561) 649-8367

Date

Daytime Phone #

CR2E034 (11/00)