

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P0000083356

1. Entity Name
BUILDING & PROPERTY MAINTENANCE, INC.

Principal Place of Business P.O. BOX 849205 PEMBROKE PINES FL 33084	Mailing Address P.O. BOX 849205 PEMBROKE PINES FL 33084
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2. Principal Place of Business P.O. BOX 823861	3. Mailing Address P.O. BOX 823861
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SOUTH FLORIDA FL	City & State SOUTH FLORIDA FL
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Zip 33082	Country	Zip 33082	Country
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4. FEI Number 65-1043558	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STONER SCOTT A
 6811 THOMAS ST.

 HOLLYWOOD FL
 33024 US

7. Name and Address of New Registered Agent

Name
 STONER SCOTT A
 Street Address (P.O. Box Number is Not Acceptable)
 18808 N.W. 24TH PLACE

 City
 PEMBROKE PINES FL Zip Code
 33029

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 _____ **04/30/2001**
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 D	<input type="checkbox"/> Delete
NAME RABEN JOHNNIE THIII	
STREET ADDRESS P.O. BOX 849205	
CITY-ST-ZIP PEMBROKE PINES FL 33084	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RABEN JOHNNIE THIII	
STREET ADDRESS P.O. BOX 823861	
CITY-ST-ZIP SOUTH FLORIDA FL 33082	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Scott A. Stoner P 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)