

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000083356

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

2. Principal Place of Business
P.O. BOX 823861

3. Mailing Address
P.O. BOX 823861

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SOUTH FLORIDA FL

City & State
SOUTH FLORIDA FL

Zip
33082

Country

Zip
33082

Country

4. FEI Number
65-1043558

Applied For
Not Applicable

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

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 _____ DATE 04/30/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Delete
NAME	RABEN JOHNNIE THH	<input type="checkbox"/>
STREET ADDRESS	P.O. BOX 849205	
CITY-ST-ZIP	PEMBROKE PINES FL 33084	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/D	Change	Addition
NAME	RABEN JOHNNIE THH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	P.O. BOX 823861		
CITY-ST-ZIP	SOUTH FLORIDA FL 33082		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)