

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90061 038 ***150.00

DOCUMENT # **P000000102306**

1. Entity Name

Apex Maintenance Services, Inc.

Principal Place of Business

**1002 NW 195 Ave
 Pembroke Pines, FL 33029**

Mailing Address

**18331 Pines Blvd.
 Suite 181
 Pembroke Pines, FL 33029**

2. Principal Place of Business

1002 NW 195 Ave

Suite, Apt. #, etc.

3. Mailing Address

18331 Pines Blvd.

Suite, Apt. #, etc.

181

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33029

Country

Broward

Zip

33029

Country

Broward

4. FEI Number

65-1065212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**Filings, Inc.
 3732 N.W. 16th Street
 Ft. Lauderdale, FL 33311**

7. Name and Address of New Registered Agent

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 \$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	President / Director	<input type="checkbox"/> Delete
NAME	Scott Carriero	
STREET ADDRESS	6930 NW 196 Street #106	
CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	Vice President / Treasurer / Director	<input type="checkbox"/> Delete
NAME	Edward M. Carriero, Jr.	
STREET ADDRESS	1002 NW 195 Ave	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	Vice President / Secretary / Director	<input type="checkbox"/> Delete
NAME	George M. Atkins, Jr.	
STREET ADDRESS	2917 Myrtle Oak Circle	
CITY-ST-ZIP	Davie, FL 33328	
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		<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		
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:

Ed M. Carriero, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
 Date

(954) 392-5752
 Daytime Phone #

CR2E034 (11/00)