

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-12-2001 90239 030 ***150.00

DOCUMENT # P00000110889

1. Entity Name

A&C MAINTENANCE & INVESTMENTS, CORP.

Principal Place of Business

2985 W 80 ST, STE 212
 HIALEAH GARDENS FL 33018

Mailing Address

2985 W 80 ST, STE 212
 HIALEAH GARDENS FL 33018

2. Principal Place of Business

3. Mailing Address

3521 NW 16 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami FL

City & State

City & State

4. FEI Number 65-1058317

Applied For

Not Applicable

Zip

Country

Zip

Country

33125

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

MUNOZ, CECILIO
 2985 W 80 ST, STE 212
 HIALEAH GARDENS FL 33018

Name
 MUNOZ, CECILIO

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

3521 NW 16 Terr.

MIAMI FLORIDA

City

FL

Zip Code

33125

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 *Cecilio Munoz*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/09/01
 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	<input type="checkbox"/> Delete
NAME	MUNOZ, CECILIO	
STREET ADDRESS	2985 W 80 ST, STE 212	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	V	<input type="checkbox"/> Delete
NAME	MUNOZ, ALEXANDER	
STREET ADDRESS	2985 W 80 ST, STE 212	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(l), 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: *Cecilio Munoz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CECILIO, MUNOZ 02/09/01 (302) 638 0704
 Date Daytime Phone #

CR2E034 (10/00)