

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90910 032 ***150.00

DOCUMENT # P01000007678

1. Entity Name
1-STOP MAINTENANCE, INC.



Principal Place of Business
**5820 SW 149 AVENUE
MIAMI FL 33193**

Mailing Address
**5820 SW 149 AVENUE
MIAMI FL 33193**

2. Principal Place of Business

6363 SW 158 Avenue

3. Mailing Address

6363 SW 158 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number
65-1069663

Applied For
Not Applicable

Zip
33193

Country

Zip
33193

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

**ALONSO, SARESKA
5820 SW 149 AVENUE
MIAMI FL 33193**

Name

Street Address (P.O. Box Number is Not Acceptable)
6363 SW 158 AVENUE

City
Miami

FL

Zip Code
33193

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BATISTA, CARLOS A
5820 SW 149 AVENUE
MIAMI FL 33193**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ALONSO, SARESKA
5820 SW 149 AVENUE
MIAMI FL 33193**

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03 (305) 216-9672

Date

Daytime Phone #

CR2E034 (10/02)