

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90037 046 \*\*\*158.75

DOCUMENT # **PO1000014215**

1. Entity Name

**GENERAL MAINTENANCE CORPORATION & Property Management**

**DO NOT WRITE IN THIS SPACE**

**851503**

2. Principal Place of Business

**901 SWAN AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**901 SWAN AVENUE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI SPRINGS, FLORIDA**

City & State

**MIAMI SPRINGS, FLORIDA**

4. FEI Number

**75-3049816**

Applied For

Not Applicable

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**GARCIA, OLGA**

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

**901 SWAN AVENUE**

City

**MIAMI SPRINGS**

**FL**

Zip Code

**33166**

**DO NOT WRITE  
IN THIS SPACE**

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

*Olga Garcia*

(NOTE: Registered Agent signature required when reinstating)

**4/29/02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S.V. D.  
GARCIA, OLGA  
901 SWAN AVENUE  
MIAMI SPRINGS, FLORIDA 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P. D.  
LLORCA, MARIA E.  
901 SWAN AVENUE  
MIAMI SPRINGS, FLORIDA 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/2002**

DATE

Daytime Phone #

**(305) 806-1015**

CR2E034B (12/01)