

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

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90030 030 \*\*\*150.00

DOCUMENT # P01000019627

1. Entity Name

ALFANO MAINTENANCE, INC.

425122

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4516 N. ANDREWS AVE

Suite, Apt. #, etc.

3. Mailing Address

4516 N. ANDREWS AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

4. FEI Number

65-1079557

Applied For

Not Applicable

Zip

33309

Country

BWD.

Zip

33309

Country

BWD.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ALFREDO M. ALFANO

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

4516 N. ANDREWS AVE

City

FT LAUD

**FL**

Zip Code

33309

**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

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.

**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

PRES, V.P., TREAS/SEC.  
ALFREDO M. ALFANO  
4516 N. ANDREWS AVE.  
FT LAUD, FL 33309

TITLE  
NAME  
STREET ADDRESS  
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Alfredo M. Alfano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-202-9704

CR2E034B (12/01)