

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91368 001 *****8.75
05-24-2002 91368 002 ***150.00

DOCUMENT # PO1000033518 ✓
1. Entity Name JMJ Maintenance Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2550 S. Conway Rd
Suite, Apt. #, etc. Dpt. 502
City & State Orlando, FL
Zip 32812 Country USA

3. Mailing Address 2550 S. Conway Rd.
Suite, Apt. #, etc. Dpt. #502
City & State Orlando, FL
Zip 32812 Country USA

DO NOT WRITE IN THIS SPACE

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4. FEI Number 562-87-3076
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name Pilar Acero
Street Address (P.O. Box Number is Not Acceptable) 2550 S. Conway Rd #502
City Orlando FL 32812

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 Pilar Acero DATE April 30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>owner</u> <u>Pilar Acero</u> <u>2550 S. Conway Rd #502</u> <u>Orlando, FL 32812</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Pilar Acero 4/30/02 (407) 999-8133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)