

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90010 003 ***158.75

DOCUMENT # P01000041147

1. Entity Name

UNWORLD MAINTENANCE, CORP.

Principal Place of Business

1780 SW 29TH AVE #A
 FT LAUDERDALE FL 33312

Mailing Address

1780 SW 29TH AVE #A
 FT LAUDERDALE FL 33312

2. Principal Place of Business

11820 68th St North
 Suite, Apt. #, etc.

3. Mailing Address

11820 68th St North
 Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33412

Country

Palm Beach

Zip

33412

Country

Palm Beach

4. FEI Number

69-110 8795

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, SADY

1780 SW 29TH AVE #A

FT LAUDERDALE FL 33312

Name

MARQUEZ, SADY

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

11820 68th St North

City
 West Palm Beach

FL

Zip Code

33412

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

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

[Signature]
 (NOTE: Registered Agent Signature required when reinstating)

04.23.02

DATE

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

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FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	President
NAME	MARQUEZ, SADY	NAME	MARQUEZ, SADY
STREET ADDRESS	1780 SW 29TH AVE #A	STREET ADDRESS	11820 68th St North
CITY-ST-ZIP	FT LAUDERDALE FL 33312	CITY-ST-ZIP	West Palm Beach FL 33412
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sady Marquez 04-23-02

Date

Daytime Phone #

954-205-1764

CR2E034 (9/01)