

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P-01-0000-65-300

1. Entity Name

ALL MAINTENANCE, IAC

02 DEC 11 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8291 NW 56 ST

Suite, Apt. #, etc.

Miami FLA

3. Mailing Address

PO BOX 669024

Suite, Apt. #, etc.

Miami, FL

City & State

City & State

Miami, FL

Zip

Zip

33166-9424

Country

US

Country

FLA

4. FEI Number

65-1124759

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL ZELCO

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

PO BOX 669024 8291 NW 56 ST

City

Miami, FL

FL

Zip Code

33166

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. (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	<u>PR</u>
NAME	<u>MICHAEL ZELCO</u>
STREET ADDRESS	<u>PO BOX 669024</u>
CITY-ST-ZIP	<u>MIAMI, FL 33166</u>
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

12/12

11/05/08

Dear SRS

after looking on LINE I find That
my corporation has been Disput
we moved from the ADDRESS you had
on File and never got our UNIFORM
BUSINESS REPORT for 2008. please
Reinstate our company and see the
Form we Downloaded. please ABATE
ALL PENALTIES.

Thankyou

Michael Jean