

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

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90176 001 ***300.00

DOCUMENT # **PO1000069382**

1. Entity Name

Lift Station Total Maintenance, Corp

DO NOT WRITE IN THIS SPACE

80240

2. Principal Place of Business

4130 SW 82 Court

Suite, Apt. #, etc.

3. Mailing Address

4130 SW 82 Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Oswaldo De Leon

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

4130 SW 82 Court

City

Miami

FL

Zip Code

33155

**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 date 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 *PVST*
NAME *De Leon, Oswaldo*
STREET ADDRESS *4130 SW 82 Court*
CITY-ST-ZIP *Miami, Florida 33155*

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NAME *De Leon, Oswaldo*
STREET ADDRESS *4130 SW 82 Court*
CITY-ST-ZIP *Miami, FL 33155*

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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

4/22/02

Date

Daytime Phone #

CR2E034B (12/01)