## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P01000088016

1. Entity Name

P & M SERVICES, INC.



05-05-2003 90117 018 \*\*\*150.00

FILED									
May 05, 2003	8:00 am								
Secretary of									
	alkalania = = 0 00								

Principal Place of Business 120 BONAVENTURE BLVD #201 WESTON FL 33326			Mailing Address 120 BONAVENTURE BLVD #201 WESTON FL 33326									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	4. FEI Number 65-1151369 Applied For Not Applicable					
Zip		Country	Zip	Country	,	5.	5. Certificate of Status Desired   \$8.75 Addition Fee Required					
	6. Name	and Address of Current R	egistered Agent			7.	Name and Addres	s of New Re				
		· ·			Name							
·*	EL CORRAL,			F	Street Address (P.O. Box Number is Not Acceptable)							
٠4	36TH STREE	•		-			<del></del>					
₹.	)UD FL 3302	<u>14</u>		-	City				F-1	Zip Cod		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·							FL	<u></u> _		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
After	May 1, 2003	FEE IS \$150.00  Fee will be \$550.00  Florida Department of S  OFFICERS AND D		11.	· <del>-</del> .,	Δ	9. Election Ca Trust Fund	Contribution	. 🗆	Added	May Be I to Fees	
TITLE	PTD.	OFFICE NO AND D	Delete	TITLE	V:	3	<del></del>			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PINEDA BO	osch, ramon f Venture blvd #201 'l 33326		NAME	ADDRESS	lesi	BONAVENT BONAVENT STON, F	LIX NOTE L 3:	GUVD	# 2	DA.	
TITLE	V\$D	<del></del>	Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		DE PINEDA , MARIELA VENTURE BLVD #201 L 33326	<b>J</b>	NAME STREET / CITY-ST	ADDRESS 1-ZIP		- <b>-</b>				-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERO DE 4500 19 ST BOULDER	E MEJIAS, BLANCA L IREET 319 CO 80309	☐ Celete ·	TITLE NAME STREET / CITY-ST	ADDDECC 4	900	o de Ma 19 sta	ETIAS, EET 2	10LA 519	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· Delete	TITLE NAME STREET A CITY-ST	ADDRESS					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		information supplied with the	☐ Delete	TITLE NAME STREET A CITY-ST	- ZIP					☐ Change	Addition	

I nereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. Which is the supplemental trustee in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter is the same legal effect as if made under oath; that I am an officer or director of the corporation of th

**SIGNATURE:**