

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90535 032 ***158.75

DOCUMENT # P01000115612

1. Entity Name
PROFESSIONAL COMMERCIAL MAINTENANCE INC



Principal Place of Business
6001 NW 153 STREET
SUITE B
MIAMI LAKES FL 33014

Mailing Address
6001 NW 153 STREET
SUITE B
MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

6001 N.W. 153 Street

6001 N.W. 153 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 155

Suite 155

City & State

City & State

Miami Lakes FL

Miami Lakes FL

Zip

Country

Zip

Country

33014

33014



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0567049

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMILIANI, JAIRO
6430 W 24TH CT
HIALEAH FL 33016

Name

Jairo Lebolo

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

6001 NW 153 Street

Suite

155

City

Miami Lakes FL

FL

Zip Code

33014

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LEBOLO, JAIRO A**
STREET ADDRESS **6430 W 24TH CT**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **P** ☒ Change ☐ Addition
NAME **Jairo A Lebolo**
STREET ADDRESS **6001 N.W. 153 ST Suite 155**
CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

(305) 364-6618

Daytime Phone #

CR2E034 (10/02)