

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90466 002 ***150.00

DOCUMENT # P02000013348

1. Entity Name
HJG MAINTENANCE SERVICES, CORP.



Principal Place of Business
**10330 SW 52ND STREET
MIAMI FL 33165**

Mailing Address
**10330 SW 52ND STREET
MIAMI FL 33165**

2. Principal Place of Business

12001 SW 37th Ter.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 650591

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL 33265

4. FEI Number

01-0587712

Applied For

Not Applicable

Zip

33175

Country

U.S.A.

Zip

33265

Country

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOMEZ, HECTOR J
10330 SW 52ND STREET
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **Hector J. Gomez**

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

12001 SW 37th Terrace

City **Miami,**

FL

Zip Code

33175

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 or printed name of registered agent and title if applicable.

Hector J. Gomez - President

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/03

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

TITLE **PD** ☐ Delete
NAME **GOMEZ, HECTOR J**
STREET ADDRESS **10330 SW 52ND STREET**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Hector J. Gomez**
STREET ADDRESS **12001 SW 37th Ter.**
CITY-ST-ZIP **Miami, FL 33175**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector J. Gomez - President

Date

Daytime Phone #

CR2E034 (10/02)