

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90061 023 \*\*\*150.00

**DOCUMENT # P02000036184**

1. Entity Name  
**NEUBAWER SERVICES & MAINTENANCE, INC**



Principal Place of Business  
**3038 MICHIGAN AVE.  
KISSIMMEE FL 34744**

Mailing Address  
**3038 MICHIGAN AVE.  
KISSIMMEE FL 34744**



2. Principal Place of Business  
**5557 LOS PALMA VISTA DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**5557 LOS PALMA VISTA DRIVE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**ORLANDO FLORIDA**

City & State  
**ORLANDO FLORIDA**

4. FEI Number **71-0886111**  
Applied For ☒ Not Applicable

Zip **32837** Country **USA**

Zip **32837** Country **USA**

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

**DANZER, JACQUELINE E**  
**3038 MICHIGAN AVE.**  
**KISSIMMEE FL 34744**

Name  
**MILAGROS PERERA**  
Street Address (P.O. Box Number is Not Acceptable)  
**5557 LOS PALMA VISTA DRIVE**  
City **ORLANDO** FL Zip Code **32837**

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 **Milagros Perera / President**  
Signature, typed or printed name of registered agent and title if applicable.

**01-20-03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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 **PERERA, MILAGROS**  
STREET ADDRESS **3038 MICHIGAN AVE.**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **P** ☒ Change ☐ Addition  
NAME **PERERA MILAGROS**  
STREET ADDRESS **5557 LOS PALMA VISTA DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **V** ☐ Delete  
NAME **SALAS, FREDY**  
STREET ADDRESS **3038 MICHIGAN AVE**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **V** ☒ Change ☐ Addition  
NAME **SALAS FREDDY**  
STREET ADDRESS **5557 LOS PALMA VISTA DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: **Milagros Perera (Milagros Perera)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-20-03** **407-859-2706**  
Date Daytime Phone #

CR2E034 (10/02)