

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-14-2003 90053 029 ***150.00

DOCUMENT # P02000038647

1. Entity Name
A-PLUS SERVICE OF SOUTH FLORIDA INC.



33041430

Principal Place of Business
1821 SW 11 ST.
MIAMI FL 33135

Mailing Address
1821 SW 11 ST.
MIAMI FL 33135



2. Principal Place of Business
P.O. Box 453136
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 453136
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami FLORIDA
Zip 33245
Country Dade

City & State
Miami FLORIDA
Zip 33245
Country USA

4. FEI Number
04-3641231

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
LOPEZ, ILEANA
1821 SW 11 ST.
MIAMI FL 33135

7. Name and Address of New Registered Agent
Name Same - Ileana Lopez
Street Address (P.O. Box Number is Not Acceptable)
1821 SW 11 STREET
City MIAMI FL Zip Code 33135

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

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

(NOTE: Registered Agent signature required when reinstating)

4-6-03
DATE

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
NAME LOPEZ, ILEANA
STREET ADDRESS 1821 SW 11 STREET
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

4-6-03
Date

786 402 1844
Daytime Phone #

CR2E034 (10/02)

Attachment 55041250
#P02000038647

May 10, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: P02000038647

To Whom it may concern:

Enclosed is a copy of my corporation report so it can be filed. I made a mistake when filling out the original, I thought I could have a mailing address for my business. The correct information is as follows:

Registered Agent: Ileana Lopez/A-PLUS SERVICE OF SOUTH FLORIDA INC.
1821 SW 11 Street
Miami, Florida 33135

Mailing Address: Ileana Lopez/A-PLUS SERVICE OF SOUTH FLORIDA INC.
P.O. Box 453136
Miami, Florida 33245

Please do not hesitate to contact me should you have any questions at (786)402-1844

Thank You for your assistance.


Ileana Lopez