-2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P0200040449

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A-2-Z-MAINTENANCE, JANITORIAL AND CLEANING SERVICES CORP.



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SECRETARY OF STATE DIVISION OF CORPORATIONS

03 SEP 22 AM 8:00 Principal Place of Mailing 2937 NW 95th Ave 2937 NW 95th Ave Coral Springs, FL 33065 Coral Springs, FL 33065 2. Principal Place of Business 3. Mailing Address Suite. Apt #. etc. Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 61-1157513 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Fee Required USA USA 6. Name and Address of Current Registered 7. Name and Address of Now Registered - -HAZELGREN, SONIA I 2937 NW 95TH AVE. Street Address (P 0 Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAT FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 may Be Trust Fund Contribution Added to Fées Make Check Payable to Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** Delete TITLE TITLE 🔲 Change 🔲 Addition 300023249003 HAZELGREN, SONIA I NAME NAME 09/22/03--01089--027 2937 NW 95TH AVE. STREET ADORESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY - ST - ZIE CITY - ST - ZIP Delete TITLE Chang Additi NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete -TITLE TITLE Chang Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE Chang Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY ST - ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Chang ☐ Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 13. 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 and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director red to execute this report as qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date

Florida, June 3, 2003.

FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

A 2 Z MAINTENANCE, JANITORIAL AND CLEANING SERVICES CORP. Doc. # p02000040449

Our corporation has its articles filed with Florida department of State-Division of Corporation on 04/15/2002. Unfortunately, we never received the first notice, of our 2003 UBR form; and we did not know that we must pay it annually. This is the first time we are renewing our corporation.

As this happened against our will, we would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 150.00, plus the completed Form. I would like to ask you to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

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President

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