

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90378 001 \*\*\*150.00  
02-17-2003 90378 002 \*\*\*\*\*8.75

DOCUMENT # P02000056817

1. Entity Name  
ALMIDA SERVICE CORP.



Principal Place of Business  
400 FEDERAL HIGHWAY #612  
DEERFIELD BEACH FL 33441

Mailing Address  
400 FEDERAL HIGHWAY #612  
DEERFIELD BEACH FL 33441

2. Principal Place of Business  
21850 TOWN PL. DR.

3. Mailing Address  
21850 TOWN PL. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
BOCA RATON FL

City & State  
BOCA RATON FL

4. FEI Number  
06-1638981

Applied For  
Not Applicable

Zip  
33433

Country  
USA

Zip  
33433

Country  
USA

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

6. Name and Address of Current Registered Agent

RAMOS, LUZ  
400 FEDERAL HIGHWAY #612  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name VINCENT G. CAJANO  
Street Address (P.O. Box Number is Not Acceptable)  
21850 TOWN PL. DRIVE

City BOCA RATON FL Zip Code 33433

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 VINCENT G. CAJANO

2/12/03

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME LUZ RAMOS  
STREET ADDRESS 400 FEDERAL HWY #612  
CITY-ST-ZIP DEERFIELD Bch. FL 33441

TITLE VINCENT G. CAJANO  
NAME PRESIDENT  
STREET ADDRESS 21850 TOWN PL. DR  
CITY-ST-ZIP BOCA RATON FL 33433

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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 other the empowered.

SIGNATURE: VINCENT G. CAJANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)