

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90191 022 ***558.75

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DOCUMENT # P02000106843

1. Entity Name
CUNSA MAINTENANCE & REPAIR SERVICES, INC.



Principal Place of Business
11271 SW 176 ST.
MIAMI-FL-33157

Mailing Address
11271 SW 176 ST.
MIAMI FL 33157

2. Principal Place of Business
12560 S MILITARY TRAIL

3. Mailing Address
12560 S MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

apt A

apt A

City & State

City & State

BOYNTON BEACH FL 33436

BOYNTON BEACH FL 33436

Zip

Country

Zip

Country

4. FEI Number

54-2077219

☒ Applied For
☐ Not Applicable

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

FERNANDEZ, ANGEL F
11271 SW 176 ST
MIAMI FL 33157

Name
FERNANDEZ, ANGEL F

Street Address (P.O. Box Number is Not Acceptable)
12560 S MILITARY TRAIL

City

BOYNTON BEACH

FL

Zip Code
33436

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 **ANGEL F FERNANDEZ OWNER**

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 **PD** ☐ Delete
NAME **FERNANDEZ, ANGEL F**
STREET ADDRESS **11271 SW 176 ST.**
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL F FERNANDEZ

Date

Daytime Phone #

8/27/03

561-248-9346

CR2E034 (10/02)