

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 AUG -8 AM 11:32

DOCUMENT # P93000046806 (4)

1. Corporation Name

FLORIDA BAY BUILDING AND MAINTENANCE, INC.

Principal Place of Business

10861 S.W. 150TH COURT
MIAMI FL 33196

Mailing Address

10861 S.W. 150TH COURT
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

09/13/1994

4. FEI Number

APPLIED FOR 65-0420580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Finance

First Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEIVA, JAIME
10861 S.W. 150TH COURT
MIAMI FL 33196**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then if applicable

(Signature) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION TO BE PROVIDED BY THE CORPORATION

TITLE

PD

NAME

LEIVA, JAIME

STREET ADDRESS

10861 S.W. 150TH COURT

CITY - ST - ZIP

MIAMI FL 33196

TITLE

SD

NAME

LEIVA, SUSAN

STREET ADDRESS

10861 S.W. 150TH COURT

CITY - ST - ZIP

MIAMI FL 33196

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

11

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

Susan Leiva

SUSAN LEIVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/95

Date

306/383-4302

System/Phone #