99100 UCBR

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063975

Entity Name

UPGRADE MAINTENANCE CORP.

05-15-2000 91406 001 ***150.00
FILED P93000063975
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 AM 8:06

657528

4/20/00 90178 027 $150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8470 NW 185TH ST HIALEAH FL 33015	8470 NW 185TH ST HIALEAH FL 33015

2. Principal Place of Business	3. Mailing Address
827 NW 143 ST	827 NW 143 ST
Suite, Apt #, etc. SUITE-B	Suite, Apt #, etc. SUITE-B
City & State MIAMI FL 33168	City & State MIAMI FL 33168
Zip / Country	Zip / Country

4. FEI Number 65-0435699 ☐ 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
VARELA, ALFREDO 8470 NW 185 TH ST HIALEAH FL 33015	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] Alfredo Varela President 04-17-00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / ADDRESS / CITY-ST-ZIP	PSD VARELA, ALFREDO 8470 NW 185YH ST HIALEAH FL 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE / NAME / ADDRESS / CITY-ST-ZIP	VTD VARELA, LIZET 8470 NW 185TH ST HIALEAH FL 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE / NAME / ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE / NAME / ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: ALFREDO VARELA [signature] President 04-17-00 1-800544-6390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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