

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90017 011 ***150.00

DOCUMENT # P93000069161

1. Entity Name

FIRST SERVICE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~13298 SW 8 STREET~~
MIAMI FL 33184

~~13298 SW 8 STREET~~
MIAMI FL 33184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13155 SW 42 ST

3. Mailing Address

13155 SW 42 ST

Suite, Apt. #, etc.

SUITE # 200

Suite, Apt. #, etc.

SUITE # 200

City & State

MIAMI, FL

City & State

MIAMI, FLORIDA

Zip

33175

Country

Zip

33175

Country

4. FEI Number

59-2378896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAN ROMÁN, EDUARDO

~~13298 SW 8 STREET~~
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name **San Roman, Eduardo**

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

13155 SW 42 ST # 200

City **MIAMI**

FL

Zip Code **33175**

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.

Eduardo San Roman

4/15/02

DATE

(NOTE: Registered Agent signature required when reinstating)

9. 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, 2002 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

TITLE **D** ☐ Delete
NAME **SAN ROMAN, EDUARDO**
STREET ADDRESS **13298 SW 8 STREET**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **San Roman, Eduardo**
STREET ADDRESS **13155 SW 42 ST # 200**
CITY-ST-ZIP **MIAMI, FL 33175**

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

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

13. 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:

NOTARIZATION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

305 557 9400

Date

Daytime Phone #

CR2E034 (9/01)