

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90004 003 \*\*\*150.00

0106498

**DOCUMENT # P93000087766**

1. Entity Name

**FIRM MAINTENANCE, INC.**

Principal Place of Business

Mailing Address

3990 SHERIDAN ST.  
 SUITE 209  
 HOLLYWOOD FL 33021  
 US

3990 SHERIDAN ST  
 SUITE 209  
 HOLLYWOOD FL 33021  
 US

2. Principal Place of Business

3. Mailing Address

**3107 STIRLING ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 204**

City & State

City & State

**FT. LAUDERDALE, FL**

Zip

Country

Zip

**33312**

Country

**U.S.A.**

4. FEI Number

**65-0456779**

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

**BERMAN, STEVEN B.  
 3990 SHERIDAN ST  
 SUITE 209  
 HOLLYWOOD FL 33021**

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	<b>BERMAN, HOWARD B</b>	
STREET ADDRESS	<b>3990 SHERIDAN ST., SUITE 209</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	<b>BERMAN, STEVEN B</b>	
STREET ADDRESS	<b>3990 SHERIDAN ST., SUITE 209</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3107 STIRLING ROAD, STE 204</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33312</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3107 STIRLING ROAD, STE 204</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33312</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 authorized person 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:

**STEVE BERMAN, V.P.**

**STEVE BERMAN, V.P.**

**3-21-01**

**(954) 981-7744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)