2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 01, 2001 8:00 am DOCUMENT # **P94000049601 Secretary of State** R.J.C. MAINTENANCE, INC. 03-01-2001 90018 033 ***150.00 Principal Place of Business Mailing Address 270 JAMAICA STREET 270 JAMAICA STRET DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 4570 5 W 257H AVE 4578 SW 251HAVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City State 7-LA-DKAOALK, KL Zip 33312 Country V. S. 4. FEI Number Applied For 65-0501969 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROGKA LALIBEATE Street Address (P.O. Box Number is Not Acceptable) LALIBERTE, ROGER 270 JAMAICA STREET DANIA FL 33004 4570 SW 257H AUE City FF- (A-DKNDAIR F 8. The above named entity sylbmits this statement for the pyrposy of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE LALIBANTA ROGER TITLE ☐ Delete 4570 SN 25TH AVE LALIBERTE, ROGER NAME NAME STREET ADDRESS 270 JAMAICA STREET STREET ADDRESS KT-LAUDAROALL, N. 33312 CITY-ST-ZIP CITY-ST-ZIP DANIA FL MARIL - 505 KK CHAROT Change Addition Delete TITLE TITLE CHABOT, MARIE-JOSEE 4570 5- 2514 AVR NAME NAME 270 JAMAICA STREET STREET ADDRESS STREET ADDRESS KT-LAUDKIDALL, LC 33312. CITY-ST-ZIP CITY-ST-ZIP DANIA FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP Cn'Y-ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR