

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90061 049 ***150.00

DOCUMENT # P94000056214

1. Entity Name

HOME MAINTENANCE SERVICE, INC.

Principal Place of Business

Mailing Address

1129 71 ST
 MIAMI BEACH FL 33141
 US

P.O. BOX 402621
 MIAMI BEACH FL 33140-0621

2. Principal Place of Business

3. Mailing Address

1125 - 71 Street

P.O. Box 416615

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

Dade

Zip

33141

Country

4. FEI Number

65-0510301

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

ROTELLA-GALINDO, PATRICIA
 1129 71 STREET
 MIAMI BEACH FL 33141

Name

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

1125 - 71 Street

City

Miami Beach

FL

Zip Code

33141

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

4-21-00

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, 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 PS ☒ Delete
 NAME SILVERMAN, JACK
 STREET ADDRESS 3980 OAKS CLUBHOUSE DR., BLDG. 79, APT 406
 CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE VT ☒ Delete
 NAME SILVERMAN, SYLVIA
 STREET ADDRESS 3980 OAKS CLUBHOUSE DR., BLDG. 79, APT 406
 CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE V ☐ Delete
 NAME SILVERMAN, HOWARD M
 STREET ADDRESS 3980 OAKS CLUBHOUSE DR BLDG79 APT 406
 CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Change ☒ Addition
 NAME treasure = V/T
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V ☐ Delete
 NAME ROTELO-GALINDO, PATRICIA
 STREET ADDRESS 5005 COLLINS AVE APT 1512
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☒ Change ☒ Addition
 NAME President, Secretary
 STREET ADDRESS P/S
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia Rotella-Galindo 4-21-00 (305) 866-4432