

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90053 036 ***150.00

DOCUMENT # P94000056214

1. Entity Name

HOME MAINTENANCE SERVICE, INC.

Principal Place of Business

1125 71 ST
MIAMI BEACH FL 33141
US

Mailing Address

P.O. BOX 416615
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0510301

Applied For
Not Applicable

Zip

Country

Zip

Country

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
1125 71 STREET
MIAMI BEACH FL 33141

Name Howard M. Silverman

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]
Signature, typed or printed name of registered agent and title if applicable.

Howard M. Silverman

(NOTE: Registered Agent signature required when reinstating)

3-19-1

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

TITLE President/Treasure ☒ Change ☐ Addition
NAME
STREET ADDRESS 5005 Collins Ave, #1512
CITY-ST-ZIP Miami Beach, FL 33140

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

TITLE Vice President/Secretary ☒ 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard M. Silverman

Date

3-19-1 (305) 866-4432

Daytime Phone #

CR2E034 (10/00)