

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90360 037 ***150.00

DOCUMENT # P95000009219

1. Entity Name

PROPERTY MAINTENANCE AND MANAGEMENT, INC.

Principal Place of Business

**10441 BUENAS AIRES ST
 COOPER CITY FL 33026-4566
 US**

Mailing Address

**10441 BUENAS AIRES ST
 COOPER CITY FL 33026-4566
 US**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10441 BUENAS AIRES ST.
 Suite, Apt. #, etc.

3. Mailing Address

10441 BUENAS AIRES ST.
 Suite, Apt. #, etc.

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

4. FEI Number

65-0548483

Applied For

Not Applicable

Zip

Country

33026-4566 BROWARD

Zip

Country

33026-4566

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

COLL, THOMAS

10441 BUENOS AIRES ST.

COOPER CITY FL 33026-4566

7. Name and Address of New Registered Agent

Name

THOMAS E. COLL

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

10441 BUENOS AIRES ST.

City

COOPER CITY

FL

Zip Code

33026-4566

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, 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 **COLL, THOMAS**
 STREET ADDRESS **10441 BUENOS AIRES ST.**
 CITY-ST-ZIP **COOPER CITY FL 33026-4566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
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 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: Thomas E. Coll THOMAS E. COLL 4/6/2002 305 582-8538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)