

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
 Zip
33026-4566
 Country
BROWARD

City & State
COOPER CITY, FL
 Zip
33026-4566
 Country

4. FEI Number
65-0548483

Applied For
 Not Applicable

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete D COLL, THOMAS 10441 BUENOS AIRES ST. COOPER CITY FL 33026-4566		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)