

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000010723**

1. Entity Name

**HEIME GENERAL MAINTENANCE, INC.***f***FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90019 003 \*\*\*150.00

Principal Place of Business

**101 GARDENS DRIVE  
#105  
POMPANO BEACH FL 33069**

Mailing Address

**101 GARDENS DRIVE  
#105  
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0558136**

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

**DELGADO, JAIME  
103 GARDENS DR #102  
POMPANO BEACH FL 33069**

Name

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

City

**FL**

Zip Code

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 **PST** ☐ Delete  
NAME **DELGADO, JAIME**  
STREET ADDRESS **103 GARDENS DR #102**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
P95000010723  
A0068398

Heime General Maintenance, Inc.  
101 Gardens Drive, #105  
Pompano Beach, FL 33069

July 7, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: P95000010723

Dear Sir or Madam:

I have received a notice that my corporate renewal has not been paid for 2000.

I have contacted your department and I have been advised to send this letter advising your department that I never received the first notice of corporate renewal.

Also, as per the instructions of your department I am including a check for \$150 to cover the renewal for this corporation for the year 2000.

Thank you for your attention in this matter.

Sincerely,

  
Jaime Delgado, President