2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90046 010 ***150.00

DOCUMENT # P97000005318

1. Entity Name
ALL COUNTY MAINTENANCE SERVICES, INC.

Principal Place of Business	Mailing Address
3085 NE 13TH AVE. STE 3 OAKLAND PARK FL 33334	3085 NE 13TH AVE. STE 3 OAKLAND PARK FL 33334-4421

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1861 N. FEDERAL HWY	1861 N. FEDERAL HWY
Suite, Apt. #, etc. 302	Suite, Apt. #, etc. 302
City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
Zip 33020 Country USA	Zip 33020 Country U.S.A.

4. FEI Number 65-0722850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'CAMPO, HENRY
3085 NE 13TH AVE. STE 3
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1861 N. FEDERAL HWY
SUITE 302
City HOLLYWOOD **FL** Zip Code 33020

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] HENRY OCAMPO, PRES.
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, 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	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	O'CAMPO, HENRY		NAME	
STREET ADDRESS	3085 N.E. 13 AVENUE #3		STREET ADDRESS	1861 N. FEDERAL HWY #302
CITY-ST-ZIP	OAKLAND PARK FL 33334		CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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] HENRY OCAMPO, PRES. (954)564-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #