

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048144

1. Entity Name
R.E.L. MAINTENANCE, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90056 032 ***158.75

Principal Place of Business

3365 PINEWALK DRIVE NORTH
#103
MARGATE FL 33063-7831

Mailing Address

3365 PINEWALK DRIVE NORTH
#103
MARGATE FL 33063-7831

817669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6047 Kimberly Boulevard
Suite Q
City & State
North Lauderdale, FL.
Zip
33068-2820
Country
Broward

3. Mailing Address

6047 Kimberly Boulevard
Suite Q
City & State
North Lauderdale, FL.
Zip
33068-2820
Country
Broward

4. FEI Number 65-0755495

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

LOPEZ, ELLEN
3365 PINEWALK DRIVE NORTH
#103
MARGATE FL 33063-7831

Name
Robert Lopez

Street Address (P.O. Box Number is Not Acceptable)
6047 Kimberly Boulevard, Suite Q

City
North Lauderdale

FL

Zip Code
33068-2820

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

(NOTE: Registered Agent signature required when reinstating)

DATE
3-14-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PT LOPEZ, ELLEN 3365 PINEWALK DRIVE NORTH #103 MARGATE FL 33063-7831	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LOPEZ, ROBERT 3365 PINEWALK DRIVE NORTH #103 MARGATE FL 33063-7831	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Ellen Lopez 6047 Kimberly Boulevard, Suite Q North Lauderdale, FL. 33068-2820	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Robert Lopez 6047 Kimberly Boulevard, Suite Q North Lauderdale, FL. 33068-2820	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
3-14-01

DAYTIME PHONE #
(954) 917-4102

CR2E034 (10/00)