2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE

Feb 07, 2002 8:00 am Secretary of State P97000048144 DOCUMENT # 1. Entity Name 02-07-2002 90162 001 ***158.75 R.E.L. MAINTENANCE, INC. Mailing Address Principal Place of Business 6047 KIMBERLY BLVD 6047 KIMBERLY BLVD STE Q POMPANO BEACH FL 33068-2820 POMPANO BEACH FL 33068-2820 3. Mailing Address Principal Place of Business - 1 lligce DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For ty & State 4. FEI Number City & State 65-0755495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LOPEZ, ROBERT 6047 KIMBERLY BLVD STE Q POMPANO BEACH FL 33068-2820 MoorFie 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 NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE TITLE LOPEZ. ELLEN NAME NAME 6047 KIMBERLY BLVD STE Q STREET ADDRESS STREET ADDRESS CITY-ST-ZIP perfield NORTH LAUDERDALE FL 33068-280 CITY-ST-ZIP PS ☐ Delete TITLE TITLE LOPEZ, ROBERT NAME STREET ADDRESS 6047 KIMBERLY BLVD STE Q STREET ADDRESS CITY-ST-ZIP N LAUDERDALE FL 33068-2820 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition THE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

FILED