2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

P98000015909

Mailing Address

1. Entity Name

TAMIAMI MAINTENANCE INC



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90985 030 ***150.00

		THIRD Miami Us	FL 33135					110666	_			
2. Principal Place of Business			3. Mailing Address						•••••	***************************************		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			& State		4. FEI Number 65-08129		65-0812913				_	
	Country	Zip Co			untry			ertificate of Status Desired				
6. Name	legistere	d Agent		7.	. Na	ame and Address of New Re	gistered	Agent				
10T 4 10					Name .							
	Stree			Street Ad	reet Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33135					City				FI	Zip Co	ode	
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. I am familiar with, and accept the obligations of registered agent.												
Signature, typed o	r printed name of registered agent a	nd title if appli	cable. (NOTE:	: Registere	d Agent signatur	e required wher	n rein	istating)	DATE			
LE NOW!!! May 1, 200	State						Election Campaign Final Trust Fund Contribution.			00 May B ed to Fees	e	
	OFFICERS AND I	DIRECTOR	RS	11.			٩DD	OITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO	RS IN\11	
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S TORRES, D 3663 SW 8	ENAVARRA C TH ST. THIRD FLOOR		☐ Delete	NAM STRE	ET ADDRESS					☐ Change	Addi	tion
			☐ Delete	NAM: STRE	ET ADDRESS					☐ Change	☐ Addi	tion
			☐ Delete	NAMI STRE	ET ADDRESS	<u> </u>			<u>-</u> <u>-</u>	Change	Addi	tion
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	6. Name LIPE A JR TH STREET 3135 named entity pons of registe Signature, typed of LE NOW!!! May 1, 200 Payable to D VALLS, FEL 3663 SW 8 MIAMI FL 3 S TORRES, D 3663 SW 8 MIAMI FL 3	Country 6. Name and Address of Current F LIPE A JR TH STREET THIRD FLOOR 3135 named entity submits this statement for ons of registered agent. Signature, typed or printed name of registered agent as LE NOW!!! FEE IS_\$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND ID VALLS, FELIPE A JR 3663 SW 8TH STREET THIRD FLOMIAMI FL 33135 S TORRES, DENAVARRA C 3663 SW 8TH ST. THIRD FLOOR MIAMI FL 33135	MIAMI US ace of Business 3. Maili 4, etc. City Country Zip 6. Name and Address of Current Registered LIPE A JR TH STREET THIRD FLOOR 3135 named entity submits this statement for the purpoons of registered agent. Signature, typed or printed name of registered agent and title if appli LE NOW!!! FEE IS_\$150.00 May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department of State OFFICERS AND DIRECTOR D VALLS, FELIPE A JR 3663 SW 8TH STREET THIRD FLOOR MIAMI FL 33135 S TORRES, DENAVARRA C 3663 SW 8TH ST. THIRD FLOOR MIAMI FL 33135	JS ace of Business 3. Mailing Address #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent LIPE A JR TH STREET THIRD FLOOR 3135 The STREET THIRD FLOOR 3135 The STREET THIRD FLOOR 3135 The STREET Section of registered agent and title if applicable Cons of registered agent. Signature, typed or printed name of registered agent and title if applicable Cons of registered agent. Signature typed or printed name of registered agent and title if applicable (NOTE LE NOW!!! FEE IS_\$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS D VALLS, FELIPE A JR 3663 SW 8TH STREET THIRD FLOOR MIAMI FL 33135 S D Delete Delete Delete Delete	ace of Business 3. Mailing Address	Acce of Business 3. Mailing Address James and Address James and Address of Current Registered Agent City & State Country Zip Country Accepted Agent Name Jeff A Jr The Street Address of Current Registered Agent Name Street Address of Current Registered Agent Name Street Address City City	Signature, typed or printer name of registered agent and site if applicable (NOTE: Registered Agent signature required whe LE NOW!!! FEE IS_\$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE NAME SITEET THIRD FLOOR BY 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete TITLE NAME SIREET ADDRESS CITY-ST-2P Delete	MIAMI FL 33135 US acc of Business 3. Mailing Address 8, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country 5. C 6. Name and Address of Current Registered Agent Agent Agree Street Address (P.O. Bo City Name Agents and printed name of registered agents and tale if applicable LE NOW!!! FEE IS_\$150.00 May 1, 2003 Fee will be \$550.00 May 1,	Subject of Business 3. Mailing Address 3. Maili	A FEI Number 65-08 12913 Country City & State Country S. Certificate of Status Desired Country City & State Country S. Certificate of Status Desired Country City & State Country S. Certificate of Status Desired Country Sirect Address of Current Registered Agent Name Sirect Address (P.O. Box Number is Not Acceptable) Sirect Address (P.O. Box Number is Not Acceptable) City Filter Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am nis of registered agent of the flowloads City Filter Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am nis of registered agent and what remaining City Filter City Filter Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am nis of registered agent. In the State of Florids. I am nis of registered agent and what remaining City Filter Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am nis of registered agent and address (P.O. Box Number is Not Acceptable) City Filter Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am nis of registered agent and address (P.O. Box Number is Not Acceptable) Inamed entity submits this statement for the purpose of changing its registered office or registered agent. In the State of Florids. I am nis of the purpose of the purpos	MAM FL 33135 US Sace of Business 9. Mailing Address 9. Mailing Address 9. Suite, Apt. #. etc.	MAM FL 33135 US Suite, Apr. 6, etc. City & State

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.