

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90888 033 ***150.00

DOCUMENT # P98000050555

1. Entity Name

H & J MAINTENANCE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7001 W. 35 AV.

Suite, Apt. #, etc.

275

City & State

HIALEAH, FL

Zip

33018

Country

3. Mailing Address

7001 W. 35 AV.

Suite, Apt. #, etc.

275

City & State

HIALEAH, FL

Zip

33018

Country

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4. FEI Number

65-0844794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name - BERMEJO, RAFAEL

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

7001 W. 35 AV.

275

City

HIALEAH

FL

Zip Code

33018

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 H & J MAINTENANCE

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

(Typed or printed name of registered agent required when reinstating)

4/20/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE

P/D

NAME

BERMEJO, RAFAEL

STREET ADDRESS

7001 W. 35 AV.

CITY-ST-ZIP

HIALEAH, FL 33018

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

S/T/D

NAME

BERMEJO, JUAN

STREET ADDRESS

7001 W. 35 AV.

CITY-ST-ZIP

HIALEAH, FL 33018

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

Signature, typed or printed name of signing officer or director

4/20/02

Date

Daytime Phone #

CR2E034B (12/01)