

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063252

1. Entity Name

Best Maintenance of Orlando, Inc.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90189 035 ***150.00

Principal Place of Business

Mailing Address

5401 Kirkman Road, Suite 725
Orlando, FL 32819

2. Principal Place of Business

5401 Kirkman Road

Suite, Apt. #, etc.

Suite 725

City & State

Orlando, FL

Zip

32819

Country

US

3. Mailing Address

5401 Kirkman Road

Suite, Apt. #, etc.

Suite 725

City & State

Orlando, FL

Zip

32819

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3522591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Victor A. Khatib
5401 Kirkman Road, Suite 725
Orlando, FL 32819

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Presidnet, Secretary, Treasurer
Victor A. Khatib
5401 Kirkman Road, Suite 725
Orlando, FL 32819

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 (407) 354-2200