Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90154 002 ***300.00

. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000091923

1. Corporation Name

UNIVERSAL MAINTENANCE SYSTEMS, INC.

Principal Place of Business	Mailing Address		1 INCIII SALII IN INCIII IN INCIII ANIII ANIII ANIII ANIII	i n in in i i i i i i i i i i i i i i i i
275 FOUNTAINBLEAU BLVD.	275 FOUNTAINBLEAU BLVD.			
SUITE #295" 1 60	SUITE #295- 160		DO NOT WRITE IN TH	IS SDACE
MIAMI FL 33172 MIAMI FL 33172			3. Date Incorporated or Qualifed	13 SPACE
			T'	
10	a Mailing Addrone		10/29/1998 4 FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address		65-0899766	Not Applicable
Suite, Apt. #, etc.	Suite. Apt. #, etc.			\$8.75 Additional
222	27 160		5. Certifcate of Status Desired	Fee Required
City'& State	City & State	گند سنگرین ب دیمد	≥e. Election Campaign Financing	\$5:00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year f	
24 25	29 3	0	Personal Property Tax.	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
		81 Name	NIDRES FALCON	
FALCON, ANDRES 275 FOUNTAINBLEAU BLVD.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	.]
1 ** *		83 275	FONTHING BLEAU EXU	id
V	and the first of the control of the	83 3	1146 160	
MIAMI FL 33172		84 City	W. m.	85 Zip Code
			///AMC	
11. Pursuant to the provisions of Sections 607.0502 , office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Elonda Such change was suff	horized by the corporation	on's board of directors. I hereby accept the app	iointment as registered
SIGNATURE				i i
			DATE	
Signature, typed or printed name of registered agent		egistered Agent signature require		AND DIRECTORS IN 12
12. OFFICERS AND	DIRECTORS	13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12
12. OFFICERS AND		13. 1.1 TITLE		
12. OFFICERS AND TITLE D NAME FALCON, ANDRES	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		
TITLE D FALCON, ANDRES STREET ADDRESS 275 FOUNTAINBLEAU BLVD. SL	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. OFFICERS AND TITLE D NAME FALCON, ANDRES STREET ADDRESS 275 FOUNTAINBLEAU BLVD. SL	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
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12. OFFICERS AND TITLE D FALCON, ANDRES STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 TITLE D ROJAS JOVO NAME 235 FOUNTAINBLEAU BLVD. SL MIAMI FL 33172	DIRECTORS DELETE ITE #235 EE DELETE EAU Blvd	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
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14. 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 annual report of 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 annual report of supplied with this report 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on amount of the receiver of the corporation of the receiver or trustee empowered. CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition