

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091923

1. Entity Name

UNIVERSAL MAINTENANCE SYSTEMS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90119 014 ***150.00

Principal Place of Business

275 FOUNTAINBLEAU BLVD.
STE 160
MIAMI FL 33172

Mailing Address

275 FOUNTAINBLEAU BLVD.
STE 160
MIAMI FL 33172-4574



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10500 NW 26 ST

3. Mailing Address

10500 NW 26 ST

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0899766

Applied For

Not Applicable

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALCON, ANDRES

275 FOUNTAINBLEAU BLVD.

STE 160

MIAMI FL 33172

10500 NW 26 ST
SUITE 102
MIAMI, FL 33172

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

ANDRES I FALCON

Andres Falcon

3/15/2000

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

(NOTE: Registered Agent signature required when restating)

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	D	<input type="checkbox"/> Delete
NAME	FALCON, ANDRES	
STREET ADDRESS	275 FOUNTAINBLEAU BLVD. SUITE #235	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROJAS, JORGE E	
STREET ADDRESS	275 FOUNTAINBLEAU BLVD.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10500 NW 26 ST SUITE 102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10500 NW 26 ST SUITE 102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/2000

305
408-8860

CR2E034 (9/99)