

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

07-06-2001 90208 013 \*\*\*150.00

0117317 AT

**DOCUMENT # P98000106189**

1. Entity Name

**SERVICE FIRST MAINTENANCE SOUTH INC.**

Principal Place of Business

**10661 SW 185 TERRACE  
MIAMI FL 33197**

Mailing Address

**P.O. BOX 971053  
MIAMI FL 33197-1053**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0887471**

Applied For

Not Applicable

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

**BETHEL, EMMA**

**10770 SW 160 STREET**

**MIAMI FL 33157**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **BETHEL, EMMA**  
CITY-ST-ZIP **10770 SW 160 ST  
MIAMI FL 33157**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *EMMA BETHEL* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-3-01**

Date

**(305) 278-0027**

Daytime Phone #

CR2E034 (5/01)

Attachment

Doc # P98000106189

07-03-01

DEAR SIR/~~MADE~~

I JUST RECEIVED THE SECOND NOTICE  
FOR MY CORPORATION FEES. HOWEVER I  
NEVER RECEIVED THE FIRST NOTICE,  
NOW I'M FACED WITH PAYING A 400<sup>00</sup>  
FINE. I CAN'T AFFORD TO PAY ~~THIS~~ FINE.  
IF THERE IS ANY WAY THIS FINE COULD  
BE WAIVED PLEASE LET ME KNOW. I AM  
ENCLOSING THE REGULAR \$150 FEE..

THANKS

EMMA BETHEL OR JAMES COSBY

(305) 278-0027

EMMA BETHEL