

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007048

1. Entity Name

Troche Property Maintenance, Inc.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90060 033 ***158.75

Principal Place of Business

Mailing Address

2101 SW 136 Ave.
Davie, FL 33325

2101 SW 136 Ave
Davie, FL 33325

2. Principal Place of Business

2101 SW 136 Ave

3. Mailing Address

2101 SW 136 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

65 - 0842843

Applied For

Not Applicable

Zip

Country

33325 US

Zip

Country

33325 US

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Alain Troche
1625 SW 28 Terr.
Ft. Lauderdale, FL
33312

7. Name and Address of New Registered Agent

Name Jeanette Pfeiffer

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

2101 S.W. 136 Ave

City Davie

FL

Zip Code 33325

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 Jeanette Pfeiffer, Vice President Jeanette Pfeiffer 3/28/00

(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)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	Troche, Alain	
STREET ADDRESS	1625 SW 28 Terr.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	Troche, Amed	
STREET ADDRESS	1658 SW 30 Terr.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pfeiffer, George J.	
STREET ADDRESS	2101 SW 136 Ave	
CITY-ST-ZIP	Davie, FL 33325	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pfeiffer, Jeanette	
STREET ADDRESS	2101 SW 136 Ave.	
CITY-ST-ZIP	Davie, FL 33325	
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		
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: Jeanette Pfeiffer, Vice President 3/28/00 (954) 236-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)