

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028267

1. Entity Name

M B MAINTENANCE SERVICES, INC.

Principal Place of Business

Mailing Address

1239 PUNTA CORTA CIRCLE
WINTER SPRINGS FL 32708

1239 PUNTA CORTA CIRCLE
WINTER SPRINGS FL 32708-4861

2. Principal Place of Business

136B Chaparral LN
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City, & State

Winter Springs, FL

City & State

Zip

32708

Country

Zip

Country

4. FEI Number

59-3566684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLANO, MAURICIO MR.
1239 PUNTA CORTA CIRCLE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

Esteban Solano

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

136B CHAPARRAL LN

City

Winter Springs

FL

Zip Code

32708

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

1-10-99

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 P SOLANO, MAURICIO ☒ Delete
NAME
STREET ADDRESS 1239 PUNTA CORTA CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE P. Esteban Solano ☐ Delete
NAME
STREET ADDRESS 136B Chaparral LN
CITY-ST-ZIP Winter Springs, FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 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

1-10-99 (407) 366-9750

Date

Daytime Phone #