

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028905

1. Entity Name

BERNAL MAINTENANCE CORP.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90066 038 ***150.00

Principal Place of Business

6869 TORCH KEY STREET
LAKE WORTH FL 33467

Mailing Address

6869 TORCH KEY STREET
LAKE WORTH FL 33467-7655

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 934252

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

33093

Country

4. FEI Number

65-0904266

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

GARSOZA SERVICES, INC.
5434 W SAMPLE RD, STE #226
MARGATE FL 33073

Name

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

3541 NW 35 ST

City

COCONUT CREEK

FL

Zip Code

33066

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.

GARSOZA SERVICES INC
3541 NW 35th St
Coconut Creek, FL 33066

SIGNATURE GARSOZA SERVICES, INC.

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/7/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/D	<input type="checkbox"/> Delete
NAME	CARLOS BERNAL	
STREET ADDRESS	6869 TORCH KEY ST	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP/S/D	<input type="checkbox"/> Delete
NAME	EVELYN BERNAL	
STREET ADDRESS	6869 TORCH KEY ST	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS BERNAL

Date

2/7/00

Daytime Phone #

(561) 340.4775

CR2E034 (9/99)