

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91391 050 ***150.00

DOCUMENT # P99000028905

1. Entity Name

BERNAL MAINTENANCE CORP



DO NOT WRITE IN THIS SPACE

90126901

2. Principal Place of Business

6869 TORCH KEY ST

Suite, Apt. #, etc.

3. Mailing Address

P O Box 934252

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

MARGATE FL

4. FEI Number

65-0904266

Applied For

Not Applicable

Zip

33467

Country

Zip

33093

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARLOS BERNAL

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

6869 TORCH KEY ST

City

LAKE WORTH

FL

Zip Code

33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
CARLOS BERNAL
6869 TORCH KEY ST
LAKE WORTH FL 33467

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPSD
EVELYN RIVERA
6245 OAK BLUFF WAY
LAKE WORTH FL 33467

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
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12. 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 10 or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS BERNAL
PRESIDENT

3/5/03

Date

(954) 899-3032

Daytime Phone #

CR2E034B (12/02)