

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90218 016 ***150.00

DOCUMENT # P99000052109

1. Entity Name
DAY & NIGHT PROPERTY MAINTENANCE SERVICES, INC.



Principal Place of Business
7700 NORTH KENDALL DRIVE SUITE 405
MIAMI FL 33186

Mailing Address
7700 NORTH KENDALL DRIVE SUITE 405
MIAMI FL 33156



2. Principal Place of Business

21414 W. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

21414 W. Dixie Hwy
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL 33180

4. FEI Number **26-7682806**

Applied For
Not Applicable

Zip
33180

Country
FLORIDA

Zip
33180

Country
FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 NORTH KENDALL DRIVE SUITE 405
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name **Bruce S. Haas**
Street Address (P.O. Box Number is Not Acceptable)

21414 W. Dixie Hwy
City **MIAMI FL 33180**

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

SIGNATURE **Bruce S. Haas**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | <input type="checkbox"/> Delete |
|-------|--------------------|-----------------------|----------------------------|---------------------------------|
| PD | HAAS, BRUCE | 2111 NW 60TH CIRCLE | BOCA RATON FL 33494 | <input type="checkbox"/> |
| VSD | JOSEPH, IRV | 1810 N.E. 198 TERRACE | NORTH MIAMI BEACH FL 33179 | <input type="checkbox"/> |
| sec | JOSEPH A. GENARO | 21414 W. Dixie Hwy | MIAMI FL 33180 | <input type="checkbox"/> |
| Treas | ROBERT A. FRIEDMAN | 21414 W. Dixie Hwy | MIAMI FL 33180 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

CR2E034 (10/02)

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 Block 11 if 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

Date

Daytime Phone #