

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90063 014 ***150.00

DOCUMENT # P99000061159

1. Entity Name

Robert Maintenance and Janitorial Incorpo

Principal Place of Business

11411 SW 34 Lane
 Miami, FL 33165

Mailing Address

11411 S.W. 34 Lane
 Miami, FL 33165

2. Principal Place of Business

275 NW 72 Ave
 Suite, Apt. #, etc.
 # 12

3. Mailing Address

P.O. Box 65-0241
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2091250

Applied For

Not Applicable

Zip

Country

33126

Zip

Country

33265

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Fernandez Miguel Roberto
 11411 SW 34 Lane
 Miami, FL 33165

7. Name and Address of New Registered Agent

Name
 Fernandez Miguel Roberto
 Street Address (P.O. Box Number is Not Acceptable)
 275 NW 72 Ave #12
 City Miami FL Zip Code 33126

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

M. Roberto Fernandez

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 Miguel Roberto Fernandez
 NAME
 STREET ADDRESS 275 N.W 72 Ave #12
 CITY-ST-ZIP Miami, FL 33126 P/D

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

M. Roberto Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)