


02-03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 14 AM 11:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

300011880823
 02/05/03--01048---006 **300.00

DOCUMENT # P99000063477	
1. Entity Name	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9817 W Okeechobee Rd.		3. Mailing Address 9817 W Okeechobee Rd.	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State Hialeah Gardens, FL		City & State Hialeah Gardens, FL	
Zip 33016	Country Miami-Dade	Zip 33016	Country Miami-Dade

4. FEI Number 65-0935869		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent		
Name Aida Garcia		
Street Address (P.O. Box Number is Not Acceptable) 9817 W Okeechobee Rd. Apt 102		
City Hialeah Gardens, FL	FL	Zip Code 33016

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 <i>Aida Garcia</i>	DATE 04/09/03

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Aida Garcia 9817 W Okeechobee Rd. -#102 Hialeah Gardens, FL 33016	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 empowered.	
SIGNATURE: <i>Aida Garcia</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	(305) 825-2371 4/09/03 Date Daytime Phone

CR2E034B (12/02)

4/14

A & P JANITOR SERVICES CORP.
9817 W. Okeechobee Rd., Suite 102
Hialeah Gardens, Fl 33016

January 22, 2003.

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32399

Dear Sirs:

While trying to do a transaction at the bank I was informed that this corporation was inactive. It was explained to me that in the records from the Division of Corporations our address was incomplete since no suite number appeared.

In the last Uniform Business Report sent to you (copy attached) suite number 102 is indicated. We feel you may have omitted this in your records causing us not receive the forms you have sent us.

Taking the above under consideration, I ask you please accept the attached check for \$300.00 as payment for two years.

Sincerely,

Lida Garcia