

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067035

1. Entity Name  
HOLLYWOOD JANITORIAL AND MAINTENANCE COMPANY, IN

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90341 049 \*\*\*150.00

Principal Place of Business

18151 NE 31 CT., STE. ~~1100~~  
AVENTURA FL ~~33019~~ 205  
33160

Mailing Address

18151 NE 31 CT., STE. ~~1100~~  
AVENTURA FL ~~33019~~ 205  
33160

2. Principal Place of Business

18151 NE 31 CT.  
Suite, Apt. #, etc.  
#205

3. Mailing Address

Suite, Apt. #, etc.

City & State

AVENTURA FL

City & State

Zip  
33160

Country  
USA

Zip

Country

4. FEI Number 65-0937005

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

Name

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

City

FL

Zip Code

BARR, JASON

18151 N.E. 31 CT., APT ~~1100~~ 205  
AVENTURA FL 33160

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BARR, JASON  
STREET ADDRESS 18151 NE 31 CT., STE. ~~1100~~ 205  
CITY-ST-ZIP AVENTURA FL ~~33019~~ 33160

TITLE  
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CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)