

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071025

1. Entity Name

FIRST MAINTENANCE, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90034 012 ***150.00

Principal Place of Business

Mailing Address

9325 LARETTE DR.
ORLANDO FL 32817

9325 LARETTE DR.
ORLANDO FL 32817-2623

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9325 Larette Dr.

9325 Larette Dr.

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Country

Zip

Country

32817-2623 U.S.A

32817-2623 U.S.

4. FEI Number

59-359 5759

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, HERMENEGILDO
9325 LARETTE DR.
ORLANDO FL 32817

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
					President	Mary H. Lopez	9325 Larette Dr	ORLANDO, FL 32817-2623		
					Vice President	Hermenegildo Lopez	9325 Larette Dr.	ORLANDO, FL 32817 2623		

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 another like empowered.

SIGNATURE:

Mary H. Lopez
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

04-20-00

(407) 671-3728