

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-27-2003 90153 036 ***150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P99000074590

03 FEB 17 PM 2:31

DOCUMENT # P99000074590

1. Entity Name

ACTION MAINTENANCE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

60010264

2. Principal Place of Business
3050 BISCAYNE BLVD

3. Mailing Address
3050 BISCAYNE BLVD

Suite, Apt. #, etc.
103 A

Suite, Apt. #, etc.
103 A

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33137

Country
U.S.A.

Zip
33137

Country
U.S.A.

4. FEI Number
65-0943939

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
POLANCO, DAISY

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

3050 BISCAYNE BLVD STE.103 A

City
MIAMI

FL Zip Code
33137

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
POLANCO, DAISY
3050 BISCAYNE BLVD SUITE 103 A
MIAMI FL 33137

TITLE
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IN THIS SPACE**

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: Daisy Polanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2003 305-573-7002

Date Daytime Phone #

CR2E034B (12/02)