

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077061

1. Entity Name

PALM BEACH MAINTENANCE AND SERVICE INC.



FILED
Sep 11, 2000 8:00 am
Secretary of State

05-03-2000 90085 050 ***150.00

Principal Place of Business

Mailing Address

1524 MEADOWS CIRCLE
BOYNTON BEACH FL 33462

1524 MEADOWS CIRCLE
BOYNTON BEACH FL 33462-9211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0946780

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

ARCE, EDWIN
1524 MEADOWS CIRCLE
BOYNTON BEACH FL 33462

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

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, 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 | DP Edwin Arce 1520 Meadows Circle Boynton Beach, FL. 33462 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

4-25-00

Date

561-734-1040

Daytime Phone #

CR2E034 (9/99)

DOC# P99000077061
309683
Edwin Arce, President
Palm Beach Maintenance and Service, Inc.
C/o ProCAM Management, Inc.
PO Box 3097
Boynton Beach, FL. 33424

August 30, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Palm Beach Maintenance and Service, Inc.
Reference #: P99000077061
FEIN #: 65-0946780

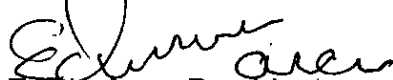
We are in receipt of a second request for completion of block 4 of company's Uniform Business Report, indicating it has not been filed.

We responded to this request earlier this year, with a copy of the filed form including the FEI. These may have crossed in the mail, but to ensure that you have the correct information, we are forwarding yet another copy for your records.

We have contacted your offices regarding this, and they have advised that since the report and check were received on time, that any late fees for the missing information would be waived.

Your early attention to this matter is sincerely appreciated.

Very truly yours,


Edwin Arce, President