2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
03-07-2000 90089 008 ***150.00

DOCUMENT # S09804

Entity Name

M PROPERTY MAINTENANCE, INC.

Principal Place of Business	Mailing Address
W. PALMETTO PARK ROAD 485 RATON FL 33486	1489 W. PALMETTO PARK ROAD STE. 485 BOCA RATON FL 33486-3327 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
408 SUNSET DRIVE		408 SUNSET DRIVE	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State POMPANO BEACH, FL.		City & State POMPANO BEACH, FL.	
Zip 3062	Country BROWARD	Zip 33062	Country BROWARD

4. FEI Number 65-0229282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALINOWSKI, NAZARIUSZ
~~1489 W. PALMETTO PARK ROAD~~
~~SUITE 480~~
~~BOCA RATON FL 33486~~

7. Name and Address of New Registered Agent

Name NAZARIUSZ MALINOWSKI

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

408 SUNSET DRIVE

City POMPANO BEACH FL Zip Code 33062

above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Nazariusz Malinowski NAZARIUSZ MALINOWSKI PD 3-2-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD MALINOWSKI, NAZARIUSZ ~~1489 W. PALMETTO PARK ROAD, SUITE 485~~ ~~BOCA RATON FL 33486~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MALINOWSKI, NAZARIUSZ 408 SUNSET DRIVE POMPANO BEACH, FL 33062 ☒ Change ADDRESS ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Nazariusz Malinowski NAZARIUSZ MALINOWSKI 3-2-00 954-941-4803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #