2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$93467** Jan 24, 2000 8:00 am **Secretary of State** INDUSTRIAL MAINTENANCE SERVICES, CORP. 01-24-2000 90008 047 ***150.00 Mailing Address Principal Place of Business 3371 SW 3RD ST. 3371 SW 3RD ST. DEERFIELD BCH. FL 33442-2324 DEERFIELD BCH. FL 33442 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0304783 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name URBINA, EDGAR O. Street Address (P.O. Box Number is Not Acceptable) 3371 SW 3RD ST. DEERFIELD BCH. FL 33442 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE URBINA, EDGAR O. NAME NAME STREET ADDRESS 3371 SW 3RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH. FL Addition ☐ Change TITLE ☐ Delete TITLE NAME URBINA, ORAIMA NAME STREET ADDRESS 3371 SW 3RD ST. STREET ADDRESS DEERFIELD BCH. FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE ÎITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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

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1/15/00

954-360-7694

Daytime Phone #