

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90056 038 \*\*\*150.00

0186942 AV

**DOCUMENT # S93467**

1. Entity Name  
**INDUSTRIAL MAINTENANCE SERVICES, CORP.**

Principal Place of Business      Mailing Address  
 1725 NE 50TH ST.      1725 NE 50TH ST.  
 POMPANO BEACH FL 33064      POMPANO BEACH FL 33064

2. Principal Place of Business      3. Mailing Address  
**3806 PEBBLEBROOK CT.**      **3806 PEBBLEBROOK CT.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**COCONUT CREEK, FL**      **COCONUT CREEK FL.**  
 Zip      Country      Zip      Country  
**33073**      **U.S.A**      **33073**      **U.S.A**

4. FEI Number      Applied For  
**65-0304783**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**URBINA, EDGAR O.**  
**3371 SW 3RD ST.**  
**DEERFIELD BCH. FL 33442**

**7. Name and Address of New Registered Agent**

Name      **URBINA, EDGAR O.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3806 PEBBLEBROOK CT.**  
 City      State      Zip Code  
**COCONUT CREEK**      **FL**      **33073**

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]*      DATE: **1/7/02**  
(Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating.)

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, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>URBINA, EDGAR O.</b>
STREET ADDRESS	<b>1725 NE 50TH ST.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>URBINA, ORAIMA</b>
STREET ADDRESS	<b>1725 NE 50TH ST.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]*      **SIGNATURE REQUIRED**      **1/7/02**      **(954) 360-7694**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)