2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$93467

1. Entity Name

INDUSTRIAL MAINTENANCE SERVICES, CORP.



Principal Place of Business Mailing Address 3806 PEBBLEBROOK CT 3806 PEBBLEBROOK CT **43006373** COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-0304783 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent URBINA, EDGAR O. Street Address (P.O. Box Number is Not Acceptable) 3806 PEBBLEBROOK CT **COCONUT CREEK FL 33073** City 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. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE \mathbf{T} ☐ Change TITLE ☐ Delete URBINA, EDGAR O. NAME NAME HERNANDEZ DANIZIA STREET ADDRESS 1725 NE 50TH ST. STREET ADDRESS 554 N. DEERFIELD DV. DEERPIRED BEACH, FL. 33141 POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE GILBERTO HERNANDEZ urbina, oraima NAME 554 N. DEERFIELD AV. STREET ADDRESS 1725 NE 50TH ST. STREET ADDRESS , FL. 33441 CITY-ST-7IP POMPANO BEACH FL 33064 CITY-ST-ZIP DERRZIELD BEACH ☐ Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Jan 21, 2003 8:00 am Secretary of State

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03 (95-4)360-7694 Datine Phone # 32E034 (10/02)