
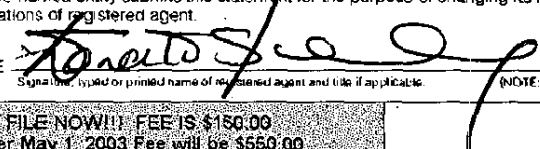



FILED  
Jun 09, 2003 8:00 am  
Secretary of State

06-09-2003 90106 048 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #V53950</b>			
1. Entity Name <b>GENERAL MAINTENANCE &amp; JANITORIAL SERVICE, INC.</b>			
Principal Place of Business <b>19712 NE 19TH PL N. MIAMI, FL 33179</b>		Mailing Address <b>19712 NE 19TH PL N. MIAMI, FL 33179</b>	
2. Principal Place of Business <b>19712 NE 12TH PL</b>		3. Mailing Address <b>19712 NE 12TH PL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NO. MIAMI BEACH, FL</b>		City & State <b>NO. MIAMI BEACH, FL</b>	
Zip <b>33179</b>		Zip <b>33179</b>	
Country		Country	
4. FEI Number <b>65-0347705</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPALDING, DONALD N. 19712 NE 12TH PL. N. MIAMI, FL 33179</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>6/4/03</b> (NOTE: Registered Agent's signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSD SPALDING, DONALD N. 19712 NE 12TH PL. N. MIAMI, FL 33179</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
SIGNATURE:  <b>DONALD N. SPALDING</b>		DATE <b>6/4/03</b> 305-651-2389 Daytime Phone #	

CR2E034 (10/02)

Debra Chmura

90138753

# V5 3958

To: FLA. DEPT. OF STATE - <sup>attachment</sup> V53950

PLEASE ACCEPT THIS AS A  
TIMELY FILING. YOU HAD A WRONG  
ADDRESS - EVIDENTLY A TYPOGRAPHICAL  
ERROR. CORRECT ADDRESS IS SHOWN  
IN BOX 2 + BOX 3.

THANK YOU

Donald Spalding