

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012783

1. Entity Name

L & A CLEANING SERVICE, LLC

Principal Place of Business

8362 PINES BLVD
PMB 237
PEMBROKE PINES FL 33024

Mailing Address

1940 HARRISON ST
STE 200-B
HOLLYWOOD FL 33020-5072

2. Principal Place of Business

3. Mailing Address

1940 HARRISON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201-B

City & State

City & State

HOLLYWOOD, FL

Zip

Country

Zip

33020-5072

Country

USA

4. FEI Number

651130897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUMPINGJAXTAX.COM, INC.
1940 HARRISON BLVD
STE 200-B
HOLLYWOOD FL 33020-5072

7. Name and Address of New Registered Agent

Name

JUMPINGJAXTAX.COM, INC

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

1940 HARRISON ST.

STE 201-B

City

HOLLYWOOD

FL

Zip Code

33020-5072

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, typed or printed name of registered agent and title if applicable.

John J. Makela, CEO of JumpingJaxTax.com, Inc. 4/4/2002

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete
NAME **LUCY AYALA**
STREET ADDRESS **8362 PINES BLVD., PMB 237**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **MGR** ☐ Change ☒ Addition
NAME **LUCY AYALA**
STREET ADDRESS **8362 PINES BLVD., PMB 237**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90130 047 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)