


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90222 035 ***150.00

DOCUMENT # P01000112472

1. Entity Name
DAFANY'S CLEANING AND MAINTENANCE, INC.



Principal Place of Business
**862 NE 209 STREET
SUITE #104
NORTH MIAMI BEACH FL 33179**

Mailing Address
**862 NE 209 STREET
SUITE #104
NORTH MIAMI BEACH FL 33179**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
850 NW 210 St.

3. Mailing Address
850 NW 210 St.

Suite, Apt. #, etc.
702

Suite, Apt. #, etc.
102

City & State
Miami, FL

City & State
Miami, FL

Zip
33169

Country

Zip
33169

Country

4. FEI Number **65-1155364**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, DANIEL R
862 NE 209 STREET
SUITE #104
NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SANCHEZ, DANIEL R
STREET ADDRESS	862 NE. 209 STREET APT# 104
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, ORLANDO E
STREET ADDRESS	862 NE 209 STREET APT #104
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	GARCIA, FANNY
STREET ADDRESS	862 NE 209 STREET, APT 104
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	S <input type="checkbox"/> Delete
NAME	QUERALES, GERTRUDYS
STREET ADDRESS	862 NE 209 STREET, APT 104
CITY-ST-ZIP	NORTH MIAMI BEACH F; 33179
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **SIGNATURE REQUIRED** **01/20/03** **(786) 229-6436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/02)