

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056525

1. Entity Name

STAR CLEANING USA, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90030 044 \*\*\*150.00

Principal Place of Business

8848 N.W. 112TH TERRACE  
HIALEAH GARDENS FL 33016

Mailing Address

9810 NEW 80 AVE  
BAY 8T  
HIALEAH GARDENS FL 33016  
US

2. Principal Place of Business

9810 NW 80 Ave

3. Mailing Address

9810 NW 80 Ave

Suite, Apt. #, etc.

Bay 8T

Suite, Apt. #, etc.

Bay 8T

City & State

Hialeah Gardens, FL

City & State

Hialeah Gardens, FL

Zip

33016

Country

US

Zip

33016

Country

US

4. FEI Number

65-0684451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ENRIQUE  
8848 N.W. 112TH TERRACE  
HIALEAH GARDENS FL 33019

7. Name and Address of New Registered Agent

Name ENRIQUE GONZALEZ

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

12650 NW 33ST

City

MIRAMAR, FL

FL

Zip Code

33027

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

Enrique Gonzalez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/00

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, 2000 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

TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARISABEL	
STREET ADDRESS	8848 NW 112 TERR	
CITY-ST-ZIP	HIALEAH GARDENS FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ MARISABEL	
STREET ADDRESS	12650 NW 33ST	
CITY-ST-ZIP	MIRAMAR, FL 33027	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 (305) 712-3525

Date

Daytime Phone #