

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 518691

1. Entity Name

CLEANING HAND, INC.

PENDING
03-06-2002 90021 047 ***150.00
FILED 518691

02 JUN -6 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5012 S. UNIVERSITY DRIVE
DAVIE FL 33328-4052
US

Mailing Address

5012 S. UNIVERSITY DRIVE
DAVIE FL 33328-4052
US

2. Principal Place of Business

9400 Listow Ter

3. Mailing Address

9400 Listow Terrace



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Boynnton Beach

Suite, Apt. #, etc.

Boynnton Beach

City & State

FLA

City & State

FLA

4. FEI Number 59-1699874

Applied For

Not Applicable

Zip

33437 W Palm Beach

Country

Palm Beach

Zip

33437

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZATTIERO, NOELY P
5012 S. UNIVERSITY DRIVE
DAVIE FL 33328-4052

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.

SIGNATURE

Noely Zattiero

6/4/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	DC	<input type="checkbox"/> Delete
NAME	BALL, DAVID R	
STREET ADDRESS	5012 S. UNIVERSITY DRIVE	
CITY-ST-ZIP	DAVIE FL 33328-4052	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZATTIERO, NOELY P	
STREET ADDRESS	5012 S. UNIVERSITY DRIVE	
CITY-ST-ZIP	DAVIE FL 33328-4052	
TITLE	S	<input type="checkbox"/> Delete
NAME	PULIDO, ALCIDES P	
STREET ADDRESS	5012 S. UNIVERSITY DRIVE	
CITY-ST-ZIP	DAVIE FL 33328-4052	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900005822719
STREET ADDRESS	-06/18/02--01074--007
CITY-ST-ZIP	***150.00 ***150.00
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:

David R Ball David R Ball 3/01/01 954 818 5256

Signature and typed or printed name of signing officer or director

Date

Daytime Phone

Noely Zattiero

Noely Zattiero 6/4/02

CR2E034 (10/00)