

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005978

1. Entity Name

TRI-STATE CLEANING & MAINTENANCE SERVICE INC.

FILED

Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90500 024 \*\*\*150.00

Principal Place of Business

88 LINCOLN STREET  
STATEN ISLAND NY 10314

Mailing Address

1738 WOOD WOLET DR.  
ORLANDO FL 32824

2. Principal Place of Business

88 LINCOLN STREET

Suite, Apt. #, etc.

3. Mailing Address

1738 Woodviolet Dr.

Suite, Apt. #, etc.

City & State

STATEN ISLAND N.Y.

City & State

Orlando Fla.

Zip

10314

Country

Richmond.

Zip

32824

Country

U.S.A.

4. FEI Number 13-3890187

Applied For

Not Applicable

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

SINGH, RAMLAKHAN  
1738 WOODVIOLET DRIVE  
ORLANDO FL 32824

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

Signature, typed or printed name of registered agent and title 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
SINGH, RAMLAKHAN  
88 LINCOLN STREET  
STATEN ISLAND NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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SINGH, MUNIDAI  
88 LINCOLN STREET  
STATEN ISLAND NY ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)