

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90208 029 \*\*\*158.75

00000000  
 SP

**DOCUMENT # F00000005978**

1. Entity Name

**TRI-STATE CLEANING & MAINTENANCE SERVICE INC.**

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

**1738 WOODVIOLET DR**

3. Mailing Address

**1738 Woodviolet DR.**

Suite, Apt. #, etc.

**ORLANDO**

Suite, Apt. #, etc.

**ORLANDO**

City & State

**FLORIDA**

City & State

**FLORIDA 3**

Zip

**32824**

Country

**ORANGE**

Zip

**32824**

Country

**ORANGE**

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

**SINGH, RAMLAKHAN  
 1738 WOODVIOLET DRIVE  
 ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name **SAME AS ITEM 6.**

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)

**1/7/02**

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, 2002 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 **PCD** ☐ Delete  
 NAME **SINGH, RAMLAKHAN**  
 STREET ADDRESS **88 LINCOLN STREET**  
 CITY-ST-ZIP **STATEN ISLAND NY**

TITLE **VD** ☐ Delete  
 NAME **SINGH, MUNDAI**  
 STREET ADDRESS **88 LINCOLN STREET**  
 CITY-ST-ZIP **STATEN ISLAND NY**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Change ☐ Addition  
 NAME **SINGH, RAMLAKHAN**  
 STREET ADDRESS **1738 WOODVIOLET DR**  
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **SINGH, MUNDAI**  
 STREET ADDRESS **1738 WOODVIOLET DR**  
 CITY-ST-ZIP **ORLANDO FL 32824**

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

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

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

TITLE ☐ Change ☐ 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**

**1/7/02**

Date

Daytime Phone #

CR2E034 (9/01)