

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90048 013 ***150.00

DOCUMENT # H75288

1. Entity Name

CARNATION CLEANING SERVICE OF SOUTH FLORIDA, INC

Principal Place of Business

Mailing Address

% FRANCES B. STERRANTINO
2501 E COMMERCIAL BLVD STE 212
FT LAUDERDALE FL 33308
US

2501 E COMMERCIAL BLVD
STE 212
FT LAUDERDALE FL 33308
US

2. Principal Place of Business

3. Mailing Address

4731 N.W. 65TH AVE

4731 N.W. 65TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAUDERHILL, FL.

LAUDERHILL, FL.

Zip

Country

Zip

Country

33319

USA

33319

USA

4. FEI Number

59-2576002

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

STERRANTINO, FRANCES B.
2501 E. COMMERCIAL BLVD.
SUITE 212
FT. LAUDERDALE FL 33308

Name

STERRANTINO, FRANCES B.

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

4731 N.W. 65TH AVE.

City

LAUDERHILL

FL

Zip Code

33319

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 P
NAME STERRANTINO, FRANCES B.
STREET ADDRESS 2501 E COMMERCIAL BLVD STE 212
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE P
NAME STERRANTINO, FRANCES B.
STREET ADDRESS 4731 N.W. 65TH AVE
CITY-ST-ZIP LAUDERHILL, FL. 33319 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

4/28/01 954-748-6025
Date Daytime Phone #

CR2E034 (10/00)