

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90018 029 \*\*\*150.00

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**DOCUMENT # K47265**

1. Entity Name

**SHINE ON CLEANING CONTRACTORS, INC.**

Principal Place of Business

**3630 N.W. 20TH ST.  
COCONUT CREEK FL 33066**

Mailing Address

**3630 N.W. 20TH ST.  
COCONUT CREEK FL 33066**

2. Principal Place of Business

**9611 POSITANO WAY**  
Suite, Apt. #, etc.

3. Mailing Address

**9611 POSITANO WAY**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LAKE WORTH FL**

Zip

**33467**

Country

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6. Name and Address of Current Registered Agent

**VECCHIO, JOSEPH A., JR.  
3012 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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, 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 **SD** ☐ Delete  
NAME **KLUGERMAN, CAROLE**  
STREET ADDRESS **3630 N.W. 20TH ST.**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 ☒ Change ☐ Addition  
NAME **9611 POSITANO WAY**  
STREET ADDRESS **LAKE WORTH FL 33467**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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:**

**Carole Klugerman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-23-2002**

Date

**1-561 35748**

Daytime Phone #

CR2E034 (9/01)