STAPLÉ CHECK HERE

200 ⁻	1 UNI	FORM BUS	INE	SS REP	DRT	(UB	R)	_	-						
DOCU 1. Entity Nam	MENT	# L00000	008	3152	المعتددة	, , , , , , , , , , , , , , , , , , ,				• !	٠:				
JOEDI	CRUZ CL	EANING SERVICES	, LLC	1				F	ILE	D					
Principal Place of Business				Mailing Address					13	AM 8: 4	7 :				
421 NORTHWEST 35TH COURT, UNIT #2 POMPANO BEACH FL 33064			42 PC						F STATE FLORIDA						
2. Principal Place of Business 875 NE 48TH STREET				3. Mailing Address 875 NE 48 TH STREET			ET								
Suite, Apt. #, etc.				Suite, Apt. #, etc.						DO NOT	WRITE	IN THIS S			_
City & State POMPANO REACH, FLORIDA Zip Country				ity & State MPANO BEI ip		H, FLORIDA		4. FEI N	lumber	10022	9	22	N	oplied For ot Applicable	_
33064		and Address of Current	3.	3064	<u> 4</u>					Status Desir			\$5.00 Ad Fee Require		
SP 34 CC		Name Street A	EDÍ Address (F 5 Vi	SAN	ToS lumber is	DA Cos Not Accep	RU (table)	2	T#6	7	- - - -				
 				·		25m	DANC	BE	4CH	-		FL	Zip Coo 33C	64	
8. The above		submits this statement fo								n the State	of Flori	da. 40 ~	01	•	
Signature, typed or printed name of registered agent an				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of Due By September 26, 2001							181 5: 010: 0.00	-:::::::::::::::::::::::::::::::::::::		-	
9.		MANAGING MEMBE	RS/MA	NAGERS	10.			_		ADDITIO	NS/C	HANGES			┨
TITLE NAME STREET ADDRESS CITY-ST-ZIP	421 NO	ANTOS DA CRUZ RTHWEST 35TH COUR NO BEACH FL 33064	t, uni	☐ Delete			MGK JOEL 875 DMD	DI SAI NE 48	214 8	DACRE TREET	4	DT#	☑ Change 67	☐ Addition	F083 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				7,,,,,	C CR2	11,11	_ 		Change	Addition	1 8
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NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STRE					*			Change	☐ Addition	
indicated	on this report	information supplied with t is true and accurate and y or the receiver or trustee	that my	signature shall have	the same	e legal effe	ct as if ma	ade under	oath: the	atlam a ma	es. I fu anagin	irther certi g member	fy that the ir or manage	formation r of the	