

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90186 010 ****50.00

DOCUMENT # L02000001728

1. Entity Name

STAFF JANITORIAL LLC



Principal Place of Business 19397 S.W. 65TH STREET PEMBROKE PINES FL 33332	Mailing Address 19397 S.W. 65TH STREET PEMBROKE PINES FL 33332
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2. Principal Place of Business 6601 Sheridan Street	3. Mailing Address P.O. Box 327224
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hollywood FLORIDA	City & State Ft-Lauderdale FLORIDA
Zip FL 33024	Zip FL 33332
Country U.S.A	Country U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 90-0003000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMOTHE, FERNAND
1401 DEWEY STREET
HOLLYWOOD FL 33316

7. Name and Address of New Registered Agent
Name: XIDIS PANAGIOTIS Peter
Street Address (P.O. Box Number is Not Acceptable): 6601 Sheridan Street
City: Hollywood FL Zip Code: 33024

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Peter Xidis* Secretary/Vicepres. DATE: 04/20/03.
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MPOWER JANITORIAL INC. 19397 S.W. 65TH STREET PEMBROKE PINES FL 33332 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MPOWER JANITORIAL INC 6601 Sheridan Street Hollywood FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **REQUIRED** 04/20/03 954-965-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0056011

CR2E083 (10/02)