

# 2002 UNIFORM BUSINESS REPORT (UBR)

0627186 AT

DOCUMENT # **L32230**

1. Entity Name

**ABSOLUTE ENVIRONMENTAL CLEANING SYSTEMS INC.**

FILED

02 DEC 23 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**401 MEADOW RD  
DURANGO CO 81301  
US**

Mailing Address

**401 MEADOW RD  
DURANGO CO 81301  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0168125**

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

**HIRSCHENSON, KELLY**

**707 SE 16TH COURT**

**FORT LAUDERDALE FL 33316**

Name **Cohen, Sheldon**

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

**15330 Strathearn Dr. Unit #12001**

City **Del Ray Beach**

**FL**

**33486**

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

*Sheldon Cohen*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COHEN, BARRY</b> <b>401 MEADOW RD</b> <b>DURANGO CO 81301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ASANO-COHEN, LYNN M</b> <b>401 MEADOW RD</b> <b>DURANGO CO 81301</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>600008682856</b> <b>01/02/03--01038--030 **758.75</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>600008682856</b> <b>10/23/02 01180 005 **150.00</b>	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

**5-1-2002**

Date

Daytime Phone #

CR2E034 (9/01)