

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L37141**

1. Entity Name

SUNSHINE CLEANING SERVICE OF MIAMI, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90023 038 ***150.00

Principal Place of Business

Mailing Address

22310 SW 108TH COURT
GOULDS FL 3317013520 SW 265TH TERR
NARANJA FL 33032-7740**C0020663**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-2734990**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOLOMON, THELMA
13520 S.W. 265 TERRACE
MIAMI FL 33032

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>
	SOLOMON, THELMA	13520 S.W. 265 TERR.	NARANJA FL 33032				
	C		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>
	HILL, JOE	1430 SW 6TH AVENUE	HOMESTEAD FL 33030				
	S		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>
	SPIVEY, ARNESTRIS	11314 SW 220TH TERR.	GOULDS FL 33170				
	T		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>
	MATHISON, EUNICE	1600 NW 43RD STREET	MIAMI FL 33142				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/>

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, 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

Date

Daytime Phone #

Thelma L. Solomon
Thelma L. Solomon**1-26-000 305247-26**