

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M17937

1. Entity Name

TRIDON CLEANING CONTRACTORS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90029 004 ***150.00

Principal Place of Business

Mailing Address

5565 W. 14 AVE.
HIALEAH FL 33012

5565 W. 14 AVE.
HIALEAH FL 33012-2212

2. Principal Place of Business

3. Mailing Address

10337-2 N.W. 9 Street

10337-2 N.W. 9 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33172

U.S.A.

33172

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELEON, JOSE N.
5565 W. 14 AVE.
HIALEAH FL 33012

Name

Ricardo A. Gonzalez, P.A.

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

7270 N.W. 12th Street

Penthouse 9

City

Miami, FL

FL

Zip Code

33126

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.

Ricardo A. Gonzalez, P.A.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Ricardo A. Gonzalez, President 2-16-00

(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 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	PD	☒ Delete
NAME	DE LEON, JOSE N	
STREET ADDRESS	5565 W. 14 AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	☒ Delete
NAME	GUTIERREZ, HORTENSIA	
STREET ADDRESS	5565 W. 14 AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P S T D	☒ Change ☐ Addition
NAME	Luisa Alonso	
STREET ADDRESS	10337-2 N.W. 9th Street	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luisa Alonso, President 2-16-00

Date

Daytime Phone #

CR2E034 (9/99)