

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M30463

1. Entity Name

SPARKLING BUILDING MAINTENANCE, INC.

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

01-27-2000 90042 015 ***158.75

Principal Place of Business

Mailing Address

7351 NW 7 ST., STE K
P.O. BOX 2078
MIAMI FL 33126-0914

7351 NW 7 ST., STE K
P.O. BOX 2078
MIAMI FL 33126-2926

2. Principal Place of Business

3. Mailing Address

7351 NW 7 ST

P.O. Box 2078

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE K

Tamiami Station

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip 33126

Country USA

Zip 33144

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2662876

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

SANCHEZ, JOSE

7351 N.W. 7TH STREET, SUITE K
MIAMI FL 33126

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 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 PV
NAME SANCHEZ, JOSE
STREET ADDRESS 9119 GRAN CANAL DRIVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME SANCHEZ, MERCEDES
STREET ADDRESS 9119 GRAND CANAL DR.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

1/20/00 (305) 266-1103
Date Daytime Phone #

CR2E034 (9/99)