

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
 02-05-2001 90028 014 ***158.75

DOCUMENT # M30463

1. Entity Name
SPARKLING BUILDING MAINTENANCE, INC.

Principal Place of Business

7351 NW 7 ST.
 STE K
 MIAMI FL 33126-0314

Mailing Address

P.O. BOX 2078
 TAMiami STATION
 MIAMI FL 33144

2. Principal Place of Business

7353 NW 8 ST
 Suite, Apt. #, etc. **STE K**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33126

Country

USA

Country

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

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

7. Name and Address of New Registered Agent

Name **SANCHEZ, JOSE**
 Street Address, P.O. Box Number is Not Applicable
7353 NW 8 ST
STE K
 City **Miami** **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.

SIGNATURE _____ (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, 2001 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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date Daytime Phone #

CR2E034 (10/00)