

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015029

1. Entity Name
CUBAN STYLE CLEANING SERVICE INC.



FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90083 041 ***150.00

Principal Place of Business
476 E. 62ND ST.
HIALEAH FL 33013

Mailing Address
476 E. 62ND ST.
HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, MARIA B,
476 E. 62ND ST.
HIALEAH FL 33013

Name

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

City

FL

Zip Code

4. FEI Number 65-0982748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ ☐ Delete
NAME PD
STREET ADDRESS SUAREZ, MARIA B
CITY-ST-ZIP 476 E. 62ND ST.
HIALEAH FL 33013

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

TITLE _____ ☐ Delete
NAME VD
STREET ADDRESS MIGUEL, JUAN
CITY-ST-ZIP 476 E. 62ND ST.
HIALEAH FL 33013

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

TITLE _____ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE _____ ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE _____ ☐ Change ☐ Addition
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TITLE _____ ☐ Delete
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TITLE _____ ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE _____ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/03 786-346-3921
305-687-8121
Daytime Phone #

CR2E034 (10/02)