

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90008 037 ***150.00

00058014

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>PO000001536</u> 1. Entity Name <u>Majime Cleaning Services, Inc.</u>				4. FEI Number <u>59-3626815</u> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
Principal Place of Business <u>580 Albany Place</u> <u>Longwood, FL 32779</u>		Mailing Address <u>P.O. Box 917492</u> <u>Longwood, FL 32791-7492</u>																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State		Country																									
Zip		Country		6. Name and Address of Current Registered Agent <u>Roxanna M. Vich</u> <u>580 Albany Place</u> <u>Longwood, FL 32779</u>																									
7. Name and Address of New Registered Agent 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 <u>Roxanna M. Vich</u> DATE <u>6/5/01</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!! After MAY 1, 2001 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> <u>President</u> <u>Roxanna M. Vich</u> <u>580 Albany Place</u> <u>Longwood, FL 32779</u> </td> <td> <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> <u>Vice President</u> <u>Jose G. Torres</u> <u>580 Albany Place</u> <u>Longwood, FL 32779</u> </td> <td> <input type="checkbox"/> </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<u>President</u> <u>Roxanna M. Vich</u> <u>580 Albany Place</u> <u>Longwood, FL 32779</u>	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<u>Vice President</u> <u>Jose G. Torres</u> <u>580 Albany Place</u> <u>Longwood, FL 32779</u>	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																												
<u>President</u> <u>Roxanna M. Vich</u> <u>580 Albany Place</u> <u>Longwood, FL 32779</u>	<input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																												
<u>Vice President</u> <u>Jose G. Torres</u> <u>580 Albany Place</u> <u>Longwood, FL 32779</u>	<input type="checkbox"/>																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
13. I hereby certify that the information supplied with this filing does not qualify for 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address with all other like empowered.																													
SIGNATURE: <u>Roxanna M. Vich</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>6/5/01</u> DAYTIME PHONE # <u>407-786-6186</u>																											

CR2E034 (11/00)