

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90002 028 ***150.00

DOCUMENT # **P000000015306**

1. Entity Name

Majime Cleaning Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

580 Albany Place

3. Mailing Address

P.O. Box 917492

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State
Longwood, FL

4. FEI Number

59-3626815

Applied For

Not Applicable

Zip

32779

Country

Zip

32791-7492

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Roxanna M. Vich

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

580 Albany Place

City

Longwood

FL

Zip Code

32779

**DO NOT WRITE
IN THIS SPACE**

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

Roxanna M. Vich

2/12/02

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Roxanna M. Vich
580 Albany Place
Longwood, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Jose G. Torres
580 Albany Place
Longwood, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Roxanna M. Vich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

Date

407-786-6186

Daytime Phone #

CR2E034B (12/01)