

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015335

1. Entity Name

BROTHER'S MASTER CLEANING, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91297 026 ***150.00

Principal Place of Business

5765 NORTHWEST 58TH AVENUE
SUITE H-103
TAMARAC FL 33319

Mailing Address

5765 NORTHWEST 58TH AVENUE
SUITE H-103
TAMARAC FL 33319

655725

2. Principal Place of Business

6106 NW 73rd Terr

3. Mailing Address

6106 NW 73rd Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tamarac, FL

City & State

Tamarac, FL, ~~33321~~

4. FEI Number

65-0981731

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

33321

Country

Broward

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	VALDES, EUGENIO	
STREET ADDRESS	5765 NORTHWEST 58TH AVENUE SUITE H-103	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	VALDES, OTTO S	
STREET ADDRESS	5765 NORTHWEST 58TH AVENUE SUITE H-103	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugenio Valdes	
STREET ADDRESS	6106 NW 73rd Terr.	
CITY-ST-ZIP	Tamarac, FL, 33321	
TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Otto S. Valdes	
STREET ADDRESS	6106 NW 73rd Terr.	
CITY-ST-ZIP	Tamarac, FL, 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Eugenio Valdes

4/25/01

954-829-3222

CR2E034 (10/00)