

2001 UNIFORM BUSINESS REPORT (UBR)

2/7

FILED
Mar 05, 2001 8:00 am
Secretary of State

02-07-2001 90146 023 ***150.00

DOCUMENT # P00000015872

1. Entity Name
RICO JANITORIAL SERVICES, INC

Principal Place of Business
**5050 G. ELMHURST RD.
 WEST PALM BEACH FL 33417**

Mailing Address
~~5050 G. ELMHURST RD.
 WEST PALM BEACH FL 33417~~
**C/O CHARLES CHARRIEZ
 2106 UNION STREET
 W. PALM BCH FL 33411**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

**C/O CHARLES CHARRIEZ
 2106 UNION ST
 WEST PALM BCH FL
 33411 PB**

4. FEI Number
65-0971587

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RICO, MELVIN
 5050 G. ELMHURST RD.
 WEST PALM BEACH FL 33417**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MELVIN RICO 5050 G ELMHURST RD WEST PALM BEACH FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melvin Rico **MELVIN RICO** 1-29-2001 561-683-6936
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)