

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028502

1. Entity Name

EXQUISITE CLEANING SERVICES, INC.

Principal Place of Business

3280 N.W. 14TH COURT  
FT. LAUDERDALE FL 33311

Mailing Address

3280 N.W. 14TH COURT  
FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For  
☒ Not Applicable

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

BELLAMY, LATASHIA J  
3280 N.W. 14TH COURT  
FT. LAUDERDALE FL 33311

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	D	<input type="checkbox"/> Delete
NAME	BELLAMY, LATASHIA J	
STREET ADDRESS	3280 N.W. 14TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEARD, MYRON KEITH	
STREET ADDRESS	7800 N.W. 21ST STREET	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANION, ARIISHA	
STREET ADDRESS	2016 N.W. 14TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, MAXINE BELLAMY	
STREET ADDRESS	1530 N.W. 11TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARLISHA CANION	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANGELA WRIGHT	
STREET ADDRESS	2161 NW 21 STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
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 #

FILED

01 MAY 23 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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