

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90657 018 ***150.00

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DOCUMENT # P00000054559

1. Entity Name

K-PIN CLEANING SERVICES, INC.

Principal Place of Business

**3901 TITELIST CT., SUITE 2312
 ORLANDO FL 32839**

Mailing Address

**3901 TITELIST CT., SUITE 2312
 ORLANDO FL 32839**

2. Principal Place of Business

**211X
 3916 TITELIST CT
 Suite, Apt. #, etc.
 211X**

3. Mailing Address

**211X
 3916 TITELIST CT
 Suite, Apt. #, etc.
 211X**

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3653529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TORO, RUBEN D
 7345 SAND LAKE RD., SUITE 204
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

JOSE CAPIN

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

3916 TITELIST CT APT 211X

City

ORLANDO

FL

Zip Code

32839

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

JOSE CAPIN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/02

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, 2002 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

TITLE **TD** ☐ Delete
 NAME **CAPIN, JOSE R**
 STREET ADDRESS **3901 TITELIST CT., APT 2312**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **P** ☒ Delete
 NAME **CAPIN, JOEL L**
 STREET ADDRESS **3901 TITELIST CT., APT 2312**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VS** ☐ Delete
 NAME **DIB, JAMIL F**
 STREET ADDRESS **3901 TITELIST CT., APT 2312**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SANDRA CAPIN** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **3916 TITELIST CT APT 211X**
 CITY-ST-ZIP **ORLANDO FL 32839**
PRESIDENT

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JOSE CAPIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/02

Daytime Phone #

CR2E034 (9/01)