

2001 UNIFORM BUSINESS REPORT (UBR)

03-02-2001 90118 002 ****61.25
P00000059523

DOCUMENT # P00000059523

1. Entity Name

SHALOM GENERAL CLEANING, INC.

FILED

01 MAY 22 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7811 CARLYLE AVE
MIAMI BEACH FL 33141

Mailing Address

7811 CARLYLE AVE
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMUGLOVSKY, ALEXANDER
7811 CARLYLE AVE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name: **MACIEL BEN FIGUEIREDO**
Street Address (P.O. Box Number is Not Acceptable):
7811 CARLYLE AVENUE
City: **MIAMI BEACH** FL Zip Code: **33141-2026**

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.

FEB 20 2001

SIGNATURE

Signature, typed or printed name of signing officer or director 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

TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	MONICA FIGUEIREDO
STREET ADDRESS	7811 CARLYLE AVENUE MIAMI BEACH
CITY-ST-ZIP	33141 FL
TITLE	VICE-PRESIDENT <input type="checkbox"/> Delete
NAME	AVNER ISRAEL
STREET ADDRESS	7811 CARLYLE AVE - MIAMI BEACH
CITY-ST-ZIP	33141-2026 FL
TITLE	SECRETARY-TREASURER <input type="checkbox"/> Delete
NAME	MACIEL FIGUEIREDO
STREET ADDRESS	33141 - 7801 CARLYLE AVE MIAMI
CITY-ST-ZIP	FL BEACH
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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	500004481725
STREET ADDRESS	-07/17/01--01102--016
CITY-ST-ZIP	*****97.50 *****97.50
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

FEB 20 2001

Date

305 868 5497

Daytime Phone #

CR2E034 (10/00)