

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064394

1. Entity Name

PEPE'S CLEANING SERVICES, INC.

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

03-05-2001 90333 028 ***150.00

Principal Place of Business

7321 NW 85TH ST., BLDG. 9. STE. 207
TAMARAC FL 33321

Mailing Address

7321 NW 85TH ST., BLDG. 9. STE. 207
TAMARAC FL 33321

2. Principal Place of Business

8000 Logos de Campo Blvd.

3. Mailing Address

8000 Logos de Campo Blvd.

Suite, Apt. #, etc.

208A

Suite, Apt. #, etc.

208A

City & State

Tamarac, Florida

City & State

Tamarac, Florida

Zip

33321

Country

U.S.A.

Zip

33321

Country

U.S.A.

4. FEI Number

65-1031075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRONCONE, MONIQUE
10802 CRESCENDO CIR.
BOCA RATON FL 33498

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

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

TITLE PD
NAME NOVOA, YEZID
STREET ADDRESS 7321 NW 85TH ST., BLDG. 9, STE. 207
CITY-ST-ZIP TAMARAC FL 33321

TITLE VP
NAME Diana Patricia Suaza
STREET ADDRESS 8000 Logos de Campo Blvd.
CITY-ST-ZIP Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 #

2/28/01 (561)-338-5158

CR2E034 (10/00)