

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91308 001 ***150.00

DOCUMENT # P00000064394

1. Entity Name
PEPE'S CLEANING SERVICES, INC.



Principal Place of Business
8000 LOPOS DE CAMPO BLVD
208A
TAMARAC FL 33321

Mailing Address
8000 LOPOS DE CAMPO BLVD
208A
TAMARAC FL 33321

11024500



2. Principal Place of Business
499 E. Palmetto Park Rd
Suite, Apt. #, etc.
207

3. Mailing Address
499 E. Palmetto Park Rd
Suite, Apt. #, etc.
207

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FL
Zip
33432 **Country**
U.S.A.

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Boca Raton
Zip
33432 **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
499 E PALMETTO PARK RD SUITE 207
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
Street Address (P.O.-Box Number is Not Acceptable)
City **FL** **Zip Co**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVOA, YEZID 8000 LAGOS DE CAMPO BLVD APTO 208A TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUAZA, DIANA P 8000 LAGOS DE CAMPO BLVD APTO 208A TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVOA, YEZID 499 E. Palmetto Park Rd, Suite 207 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUAZA, DIANA P. 499 E. Palmetto Park Rd, Suite 207 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yezid Novoa **SIGNATURE REQUIRED**

04/23/03 **561-338-5158**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (10/02)