

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 20, 2001 8:00 am
Secretary of State

03-19-2001 90007 047 ***150.00

DOCUMENT # P00000068994

1. Entity Name

METRO CARE CLEANING SERVICE, INC.

Principal Place of Business

17001 NORTHWEST 37TH AVENUE
 OPA-LOCKA FL 3305

Mailing Address

17001 NORTHWEST 37TH AVENUE
 OPA-LOCKA FL 3305

33056

2. Principal Place of Business

17001 NW 37 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

33056

Country

DADE

Zip

Country

4. FEI Number

65-1028623

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

LLOPIZ, JOSE A JR.
 17001 NORTHWEST 37TH AVENUE
 OPA-LOCKA FL 33056

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	P	<input type="checkbox"/> Delete
NAME	LLOPIZ, JOSE A JR.	
STREET ADDRESS	17001 NORTHWEST 37TH AVENUE	
CITY-ST-ZIP	OPA-LOCKA FL 33056	
TITLE	VST	<input type="checkbox"/> Delete
NAME	LLOPIZ, YLSA E	
STREET ADDRESS	17001 NORTHWEST 37TH AVENUE	
CITY-ST-ZIP	OPA-LOCKA FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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
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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 #

CR2E034 (10/00)