

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90770 023 ***163.75

DOCUMENT # P00000069206

1. Entity Name

E & F CARPET CLEANING CORP.

Principal Place of Business

425 NW 128TH
MIAMI FL 33168

Mailing Address

425 NW 128TH
MIAMI FL 33168

2. Principal Place of Business

6317 Grant st.

Suite, Apt. #, etc.

3. Mailing Address

6317 Grant st.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33024

Country

E.U.

Zip

33024

Country

E.U.

4. FEI Number

65 - 1024984

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ELEINER
820 S 19 TH AVE APT 10
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Sanchez, Eleiner

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

6317 Grant st.

City

Hollywood

FL

Zip Code
33024

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 Sanchez, Eleiner

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

(NOTE: Registered Agent signature required when reinstating)

01 - 16 - 01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

☐

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	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, ELEINER	
STREET ADDRESS	820 S 19 TH AVE APT 10	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, FREISON C	
STREET ADDRESS	425 NW 128TH	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanchez, Eleiner	
STREET ADDRESS	6317 Grant st.	
CITY-ST-ZIP	Hollywood FL 33024	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Freison C	
STREET ADDRESS	17525 NW 7-ave.	
CITY-ST-ZIP	Miami FL 33169	
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		
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:

Sanchez, Eleiner

01 - 16 - 01

(954)579 - 4687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)