

2001 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P00000071700

1. Entity Name
@ristal cleaning Service Inc.

FILED

01 MAY 17 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LS

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2360 west 74st
#202 Hialeah,
FL 33016**

Mailing Address
**2360 west 74st
#202 Hialeah,
FL 33016**

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-1027495

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**


6. Name and Address of Current Registered Agent

**Maria Rodriguez
3940 SW 144 Terrace
Miramar, FL 33027**

7. Name and Address of New Registered Agent

Name **Raul Esquivarrosa**
Street Address (P.O. Box Number is Not Acceptable)
2360 west 74st #202
City **Hialeah** FL Zip Code **33016**

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  (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 Maria Rodriguez	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3940 SW 144 Terrace		
CITY-ST-ZIP MIRAMAR FL 33027		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME Raul Esquivarrosa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2360 west 74st #202		
CITY-ST-ZIP Hialeah, FL 33016		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

2012

DATE: 05-16-01

FL. DEPARTMENT OF STATE
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
CORPORATION Cristal Cleaning Service Inc.
DOCUMENT # P000000 71700

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.

THANKING YOU IN ADVANCE:

Maria Rodriguez
SIGNATURE

Maria Rodriguez
PRINT NAME/TITLE