## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P00000074281 1. Entity Name HALLANDALE CLEANING SERVICES INC. 04-30-2001 90385 018 \*\*\*150.00 Principal Place of Business Mailing Address 113 SE 4TH AVENUE 113 SE 4TH AVENUE SUITE 1 SUITE 1 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE .City & State City & State Applied For 65-1033915 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARMOLE JO. DIDIER MARMOLEJO, DIDIER Street Address (P.O. Box Number is Not Acceptable) 17780 NW 67TH AVENUE APT, 1007 **MIAMI FL 33015** Zio Code **330/** S Surpose of changing its registered office or registered agent, or both, in the State of Florida. submits this statement for the 8. The above named en DIDIER HARMOLGJO. SIGNATURE and title if applicable 9. This corporation FILE NOW!H-FEE-19 \$150.00 eligible to satisfy its Inta 10. Election Campaign Financing \$5.00 May Be nent and elects to do so After MAY 1, 2001 Fee will be \$550.00 Tax filing require Trust Fund Contribution. Added to Fees (See criteria on I ack) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PĎ ☐ Change ☐ Addition ☐ Delete TITLE MARMOLEJO, DIDIER NAME NAME STREET ADDRESS 17780 NW 67TH AVENUE APT. 1007 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** TITLE ☐ Delete ☐ Change Addition MOYA, WILMAR H NAME NAME STREET ADDRESS 113 SE TH AVENUE APT. 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Addition . Delete TITLE ☐ Change TITLE NAME MARMOLEJO, VIVIAN NAME STREET ADDRESS STREET ADDRESS 17780 NW 67TH AVE. APT. 1007 CITY-ST-ZIP CITY-ST-ZIE MIAM! FL 33015 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: DIVIER MARAULETO, POS. 4/25/201 305-362-92 45

iddress, with all other like empowered.

changed, or on an attachment with a