

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 19, 2001 8:00 am
Secretary of State

05-19-2001 90282 027 ***150.00

DOCUMENT # 000000082930
1. Entity Name
Essential Cleaning Services, Inc

Principal Place of Business Mailing Address
9301 NW 25th STREET
SUNRISE, FL. 33322

768497

2. Principal Place of Business 3. Mailing Address
9301 NW 25th ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State SUNRISE, FL. City & State SUNRISE, FL.
Zip 33322 Country U.S. Zip 33322 Country U.S.

4. FEI Number 59-3688759 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
1st Incorporators
7100-39 Fairway DR.
Suite 200 Palm Bch Gardens
FL. 33418

7. Name and Address of New Registered Agent
Name Peggy Chen
Street Address (P.O. Box Number is Not Acceptable) 9301 NW 25th
9301 NW 25th ST.
City SUNRISE FL Zip Code 33322

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 Peggy Chen DATE 4/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
PEGGY CHEN
9301 NW 25th ST.
SUNRISE, FL. 33322
TITLE NAME ☒ Delete
STREET ADDRESS CITY-ST-ZIP
Maria R. Cerna
700 S.W. 71st Way
Pembroke Pines, FL.
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ 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: Peggy Chen DATE 4/1/01
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/00)