

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91512 043 ***150.00

DOCUMENT # P00000091749

1. Entity Name
FINEST CLEANING SERVICE, INC.



Principal Place of Business
3051 S.W. 84TH COURT
MIAMI FL 33155

Mailing Address
3051 S.W. 84TH COURT
MIAMI FL 33155



2. Principal Place of Business
3051 SW 84th Court

3. Mailing Address
SAME

Suite, Apt. #, etc.
Home

Suite, Apt. #, etc.
SAME

City & State
MIAMI FL

City & State
SAME

4. FEI Number **65-1042447**

Applied For
Not Applicable

Zip
33155

Country
MIAMI SAME

Zip
SAME

Country
SAME

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

CABANAS, HECTOR
3051 S.W. 84TH COURT
MIAMI FL 33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Finest Cleaning Serv. Inc.**

Hector Cabanas

4/25/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ **Delete**
NAME **CABANAS, HECTOR**
STREET ADDRESS **3051 S.W. 84TH COURT**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD.** ☐ **Delete**
NAME **ALVAREZ, SHEILA C**
STREET ADDRESS **3051 S.W. 84TH COURT**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 305-559-1773

Date

Daytime Phone #

CR2E034 (10/02)