

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2001 8:00 am**  
**Secretary of State**

08-24-2001 90004 013 \*\*\*550.00

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**DOCUMENT # P00000097422**

1. Entity Name  
**J.V.S. CLEANING, INC.**

Principal Place of Business <b>% GARY P. WACHSMAN</b> <b>2263 NORTHWEST 2ND AVENUE, SUITE 210</b> <b>BOCA RATON FL 33431</b>	Mailing Address <b>% GARY P. WACHSMAN</b> <b>2263 NORTHWEST 2ND AVENUE, SUITE 210</b> <b>BOCA RATON FL 33431</b>
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2. Principal Place of Business <b>51 NW 1ST AVE</b>	3. Mailing Address <b>51 NW 1ST AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BOCA RATON FL</b>	City & State <b>BOCA RATON FL</b>
Zip <b>33431</b>	Zip <b>33431</b>
Country <b>USA</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1048248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
**EDGAR M SIERRA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**51 NW 1ST AVE**  
 City  
**BOCA RATON FL** Zip Code  
**33431**

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 **Edgar M Sierra**  
 Signature (typed or printed name of registered agent and title if applicable)

**Aug 16 2001**  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, EDGAR M 2263 NORTHWEST 2ND AVENUE, SUITE 210 BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMON, RICHARD 2263 NORTHWEST 2ND AVENUE, SUITE 210 BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>51 NW 1ST AVE</b> <b>BOCA RATON FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>51 NW 1ST AVE</b> <b>BOCA RATON FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Edgar M Sierra**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug 16 2001**  
 Date

Daytime Phone #

CR2E034 (5/01)