

# 2001 UNIFORM BUSINESS REPORT (UBR)

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PROCESSED AND FILED

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DOCUMENT # P 00000100911

1. Entity Name  
STAR CLEANING SERVICES INC.

01 JUN -8 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1800 W 49 ST #121 1800 W 49 ST #121  
HALLANDALE FL 33012 HALLANDALE FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3677579

Applied For

Not Applicable

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

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.

SIGNATURE

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Leonor Torres  
STREET ADDRESS 2875 39 AVE NE  
CITY-ST-ZIP NAPLES FL 34120

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
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  
Leonor Torres, President

5-25-01

941-253-7209

Date

Daytime Phone #

CR2E034 (10/00)

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DATE: 5/25/01

FL. DEPARTMENT OF STATE  
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY  
CORPORATION Star Cleaning Services, Inc.  
DOCUMENT # P00000100911

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

SIGNATURE

Leonor Torres

President / Leonor Torres.  
PRINT NAME/TITLE