

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000000521**

1. Entity Name

FB Pressure Cleaning, Corp
P01000000521

FILED

01 JAN -8- PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

413 SW 73rd Ave

Suite, Apt. #, etc.

3. Mailing Address

413 SW 73rd Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Lauderdale FL

City & State

North Lauderdale FL

4. FEI Number

65-1069212

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

33068

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOAO Ataide

Street Address (P.O. Box Number is Not Acceptable)

413 SW 73rd Ave

North Lauderdale

City

FL

Zip Code

33068

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

Joao Ataide

Joao Ataide

12/18/01

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President**
NAME **JOAO Ataide**
STREET ADDRESS **413 SW 73rd Ave North Lauderdale FL 33068**
CITY - ST - ZIP

TITLE **Vice President**
NAME **MARIZA Ataide**
STREET ADDRESS **413 SW 73rd Ave North Lauderdale FL 33068**
CITY - ST - ZIP

TITLE **Treasurer**
NAME **Monica Rivera**
STREET ADDRESS **413 SW 73rd Ave North Lauderdale FL 33068**
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Monica Rivera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/01 (954) 722-7555
Date Daytime Phone #

Joao Ataide
Mariza Ataide

CR2E034B (12/97)