

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90333 040 \*\*\*150.00

**DOCUMENT # P01000019938**  
**1. Entity Name**  
**ENTIRE CLEANING & MAINTENANCE CORPORATION**

**Principal Place of Business**  
**5221 KIM COURT**  
**W PALM BCH FL 33415-4776**

**Mailing Address**  
**5221 KIM COURT**  
**W PALM BCH FL 33415-4776**

**2. Principal Place of Business**  
**922 LAKE WELLINGTON DR**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**922 LAKE WELLINGTON DR**  
**Suite, Apt. #, etc.**

**City & State**  
**WELLINGTON, FLORIDA**  
**Zip**  
**33414**  
**Country**  
**PALM BEACH**

**City & State**  
**WELLINGTON, FLORIDA**  
**Zip**  
**33414**  
**Country**  
**PALM BEACH**

**4. FEI Number**  
**65-1100604**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BROWN, FREDRICK N**  
**2121 N OCEAN BLVD APT 804 W**  
**BOCA RATON FL 33431-4776**

**7. Name and Address of New Registered Agent**

**Name** **DARIO A. OVALLE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**922 LAKE WELLINGTON DRIVE**  
**City** **WELLINGTON** **FL** **Zip Code** **33414**

**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** *[Signature]*

**DATE** **7/11/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DPVS</b> <b>OVALLE, DARIO A</b> <b>5221 KIM COURT</b> <b>W PALM BCH FL 33415-4776</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TCOB</b> <b>OVALLE, DARIO A</b> <b>5221 KIM COURT</b> <b>W PALM BCH FL 33415-4776</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>OVALLE DARIO A</b> <b>922 LAKE WELLINGTON DRIVE</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>OVALLE DARIO A.</b> <b>922 LAKE WELLINGTON DRIVE</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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:** *[Signature]* **SIGNATURE REQUIRED**

**DATE** **7/11/02** **561-315-6164**

CR2E034 (4/02)

Attachment PO1000019938

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS

ENTIRE CLEANING & MAINTENANCE CORP.  
922 LAKE WELLINGTON DRIVE  
WELLINGTON, FLORIDA 33414  
FEIN 65-1100604

7-18-02

To Whom itMay Concern:

Mr. Dario Avalue did not receive the above report until last week. He had moved and the mailed was not forwarded in time to file by May 1, 2002.

He is enclosing the standard amount of \$150.00 for the annual filing, not the \$550.00 as requested. Please accept this amount under the circumstances indicated.

If this is not a reasonable request, please advise.

Respectfully,



Elliot Greenblatt  
Accountant