

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-26-2002 90100 027 ***150.00

DOCUMENT # **PO1000024012**

1. Entity Name
Inclan Janitorial Service
12252 SW 128 St
Miami FL 33186 Corp ✓

873952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12252 SW 128 St

3. Mailing Address

Same

Suite, Apt., #, etc.:

Suite, Apt., #, etc.:

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

4. FEI Number

65-1081577

Applied For

Not Applicable

Zip

Country

Zip

Country

33186 Miami FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Luis Inclan

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

12252 SW 128 St

City

Miami

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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. The 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Treasurer
Luis Inclan
12252 SW 128 St
Miami FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

873952

#P01000624013

Sept/02

Dept of State
Business Report

This is the first year but we
never received any form
before.

Please, accept my payment
for the amount of \$ 100⁰⁰

Thank you

Inclan JANITORIAL
Service Corp

12252 SW 128 St.

Miami, FL 33186