

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90124 046 \*\*\*150.00

**DOCUMENT #** P01000039618  
**1. Entity Name**  
PRESTIGE COMMERCIAL CLEANING OF PALM BEACH, INC.



**Principal Place of Business**  
343 EL BRILLO WAY  
PALM BEACH FL 33480-4729

**Mailing Address**  
343 EL BRILLO WAY  
PALM BEACH FL 33480-4729



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

260 OLEANDER E-2

260 Oleander Ave E-2

City & State

City & State

Palm Beach, FL

Palm Beach, FL

Zip

Country

Zip

Country

33480 USA

33480 USA

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-1103770

**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**

MOLODA, KATARZYNA  
343 EL BRILLO WAY  
PALM BEACH FL 33480

**Name**

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

260 OLEANDER AVE - E2

**City**

**FL**

**Zip Code**

Palm Beach 33480

**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** *A. K. Moloda*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

02-20-03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

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

**TITLE** PSD ☐ Delete  
**NAME** MOLEDA, KATARZYNA A  
**STREET ADDRESS** 343 EL BRILLO WAY  
**CITY-ST-ZIP** PALM BEACH FL 33480-4729

☒ Change ☐ Addition  
**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
260 OLEANDER AVE #E2  
PALM BEACH, FL 33480

**TITLE** VTD ☐ Delete  
**NAME** RAMIREZ, KENNETH L  
**STREET ADDRESS** 343 EL BRILLO WAY  
**CITY-ST-ZIP** PALM BEACH FL 33480-4729

☒ Change ☐ Addition  
**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
260 Oleander Ave #E2  
Palm Beach, FL 33480

**TITLE** ☐ Delete  
**NAME** **STREET ADDRESS** **CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **STREET ADDRESS** **CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **STREET ADDRESS** **CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **STREET ADDRESS** **CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** *A. K. Moloda*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)