

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000050591

1. Entity Name

ILU CLEANING SERVICES, INC.

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90204 023 ***150.00

Principal Place of Business Mailing Address
2727 N. ANDREWS AVENUE #132 P.O. BOX 24811
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33307

70042228

2. Principal Place of Business
2727 N. ANDREWS AVENUE

3. Mailing Address

Suite Apt. #, etc.

Suite Apt. #, etc.

#225

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE FL

City & State

4. FEI Number

65-1106055

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

APARECIDA OLIVEIRA, ELAINE A
2727 N. ANDREWS AVENUE #132
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name
APARECIDA OLIVEIRA, ELIANE
Street Address (P.O. Box Number is Not Acceptable)
2727 N. ANDREWS AVENUE #225

City FT. LAUDERDALE FL Zip Code 33311

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 *Elaine Oliveira*

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

(NOTE: Registered Agent signature required when reinstating)

02/04/03

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, 2003 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

TITLE PD
NAME APARECIDA OLIVEIRA, ELAINE
STREET ADDRESS 2727 N. ANDREWS AVENUE #132
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME APARECIDA OLIVEIRA, ELIANE
STREET ADDRESS 2727 N. ANDREWS AVENUE #225
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

APARECIDA OLIVEIRA, ELIANE - PRESIDENT

02/04/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #