

9/8/

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90099 046 \*\*\*550.00

**DOCUMENT # P01000067196**

1. Entity Name

**MOM'S CLEANING SERVICE, INC.**

Principal Place of Business

**5007 21ST STREET WEST.  
APT B  
BRADENTON FL 34207-2304**

Mailing Address

**5007 21ST STREET WEST.  
APT B  
BRADENTON FL 34207-2304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1129775**

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****ANTUNEZ, JUAN****5007 21ST STREET WEST****APT B****BRADENTON FL 34207-2304**

Name

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

City

**FL**

Zip Code

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, 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) ☐**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 Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	President	<input type="checkbox"/> Delete
NAME	Juan P. Antunez	
STREET ADDRESS	5007 21st St W	
CITY-ST-ZIP	Bradenton, FL 34207	

TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Juan P. Antunez, Sr	
STREET ADDRESS	5007 21st St W	
CITY-ST-ZIP	Bradenton, FL 34207	

TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Alejandra P. Antunez	
STREET ADDRESS	5007 21st St W	
CITY-ST-ZIP	Bradenton, FL 34207	

TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Rosamaria Cubillas	
STREET ADDRESS	5007 21st St W	
CITY-ST-ZIP	Bradenton, FL 34207	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 my address, with all other like empowered.

**SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

**9/7/02 (941) 755 7605**