

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P01000074915**

1. Entity Name

**SPECIALISTS CLEANING AND SERVICES, INC.**

07-02-2002 90809 032 \*\*\*550.00

Principal Place of Business

**10001 W FLAGLER N 1410  
 MIAMI FL 33174**

Mailing Address

**10001 W FLAGLER N 1410  
 MIAMI FL 33174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10001 W FLAGLER (B) 236**

Suite, Apt. #, etc.

3. Mailing Address

**10001 W. FLAGLER (B) 236**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-1136315**

Applied For

Not Applicable

Zip

**33174**

Country

**USA**

Zip

**33174**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BARNECHE, JOSE L**

**10001 W FLAGLER N 1410  
 MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name

**BARNECHE JOSE LUIS**

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

**10001 W. FLAGLER (B) 236**

City

**MIAMI**

FL

Zip Code

**33174**

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. 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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPS  
 BARNECHE, JOSE L  
 10001 W FLAGLER N 1410  
 MIAMI FL 33174** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVT  
 BAROLO, SANDRA  
 10001 W FLAGLER N 1410  
 MIAMI FL 33174** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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, and all other like empowered.

SIGNATURE:

**SIGNATURE OF AGENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/01/2002**

Date

Daytime Phone #

0276434 AV

CR2E034 (9/01)