2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084020

1. Entity Name

JCH CLEANING SERVICES, CO.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90149 028 ***150.00

Principal Place of Business 740 NE 61 ST	Mailing Address 740 NE 61 ST					
FT LAUDERDALE FL 33334	FT LAUDERDALE FL 33334					
,						
2. Principal Place of Business	3. Mailing Address			i iantiant ert dofte ifenti antit notte kulte natur iat		:
5800 MARGATE Blud.						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES	
212						1
City & State City & State			4. Fi	El Number 65-1143743	Applied For	┨.
MARGATE FL	ļ				Not Applicable	┨
Country Country	Zip	Country	5. C		\$8.75 Additional ee Required	l
33063 <u>05A</u>		<u> </u>	7 N	ame and Address of New Registered A		1
6: Name and Address of Current	Name	/	and Address of New Hogisteres	30	1	
TARARCE UNIMPERTO	, , , , , , , , , , , , , , , , , , , ,				_	
TABARES, HUMBERTO	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
740 NE 61 ST	-				1	
FT LAUDERDALE FL 33334						
		City		FL	Zip Code	
					War with and appear	-
8. The above named entity submits this statement for	r the purpose of changing its	registered office or reg	jistered age	int, or both, in the State of Florida. Tamil	amiliar with, and accept	
the obligations of registered agent.						ĺ
SIGNATURE						
Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature re	equired when rei	nstating) DATE		4
FILE NOW!!! FEE IS \$150.00				5 Fl. Viv. October Flooring	65.00 =	
After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
Make Check Payable to Florida Department o	f State			nustrialid Continuation.	, 1,000 10 1 000	
10. OFFICERS AND DIRECTORS		11,	ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11]_
TILE- D	☐ Delete	TITLE		***************************************	☐ Change ☐ Addition	[8]
NAME · TABARES, HUMBERTO		NAME				15
STREET ADDRESS 740 NE 61 ST		STREET ADDRESS				8
CITY-ST-ZIP FT LAUDERDALE FL 33334		CITY-ST-ZIP] <u>[</u> [
TITLE	□ Delete	TITLE			☐ Change ☐ Addition	CR2E034 (10/02)
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				_
TITLE	Delete	S. TITLE		2*	☐ Change ☐ Addition	1
NAME		NAME	-			S 7 SEE
STREET ADDRESS		STREET ADDRESS				1
CITY-ST-ZIP		CITY-ST-ZIP				_
TITLE	Delete	TITLE			☐ Change ☐ Addition	

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.

NAME

TITLE

NAME

TITLE

NAMÉ

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE REQUIRED

SIGNATURE AND TYPED AN PUNIC PROPERTY OF THE PROPERTY OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

2-17-03 (954) 673-6296
Daytime Phone #

☐ Addition

Addition

☐ Change

☐ Change