

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90305 015 ***150.00

DOCUMENT # P01000086357

1. Entity Name
B & C CONSTRUCTION CLEANING, INC.

Principal Place of Business

**2248 S.E. 27TH DR.
HOMESTEAD FL 33035**

Mailing Address

**2248 S.E. 27TH DR.
HOMESTEAD FL 33035**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1138842

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

**KAMAREDDINE, MOHAMAD
2248 S.E. 27TH DR.
HOMESTEAD FL 33035**

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.

SIGNATURE

Mohamad Kamareddine

(NOTE: Registered Agent signature required when reinstating)

04-06-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	KAMAREDDINE, MOHAMAD	
STREET ADDRESS	2248 S.E. 27TH DR.	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KAMAREDDINE, LUCIA	
STREET ADDRESS	2248 S.E. 27TH DR.	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KAMAREDDINE, SELEM	
STREET ADDRESS	2248 S.E. 27TH DR.	
CITY-ST-ZIP	HOMESTEAD FL 33035	
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"/> 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		
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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 an address, with all other like empowered.

SIGNATURE:

Mohamad Kamareddine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mohamad Kamareddine
President**

Date

Daytime Phone #

4/06/02 305-230-9570

CR2E034 (9/01)