

# 2002 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # P01000090936

1. Entity Name  
TAMEKIA DANIELS CLEANING CO.

FILED  
02 JUN -3 AM 7:37 05-06-2002 90233 048 \*\*\*150.00

Principal Place of Business  
4331 N.W. 19 STREET #1  
SUNRISE FL 33313

Mailing Address  
4331 N.W. 19 STREET #1  
SUNRISE FL 33313

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
4331 N.W. 19th St  
Suite, Apt. #, etc.  
#1

3. Mailing Address  
4331 N.W. 19th St #1  
Suite, Apt. #, etc.  
#1

DO NOT WRITE IN THIS SPACE

City & State  
Sunrise, FL  
Zip  
33313  
Country  
USA

City & State  
Sunrise, FL  
Zip  
33313  
Country  
USA

4. FEI Number  
65-1139531  
Applied For?   
Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELS, ANNETTE  
4331 N.W. 19 STREET #1  
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name  
Annette Daniels  
Street Address (P.O. Box Number is Not Acceptable)  
4331 N.W. 19th St #1  
City  
Sunrise FL Zip Code  
33313

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  
Annette Daniels

DATE  
4-24-02

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	D DANIELS, ANNETTE 4331 N.W. 19 STREET #1 SUNRISE FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, TAMEKIA 4331 N.W. 19 STREET #1 SUNRISE FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE  
Annette Daniels

DATE  
4-24-02

954  
005-2959