

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90222 035 ***150.00

DOCUMENT # P01000112472

1. Entity Name
DAFANY'S CLEANING AND MAINTENANCE, INC.



Principal Place of Business
862 NE 209 STREET
SUITE #104
NORTH MIAMI BEACH FL 33179

Mailing Address
862 NE 209 STREET
SUITE #104
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business
850 NW 210 St.
Suite, Apt. #, etc.
702

3. Mailing Address
850 NW 210 St.
Suite, Apt. #, etc.
102

City & State
Miami FL

City & State
Miami FL

Zip
33169 **Country**

Zip
33169 **Country**

4. FEI Number **65-1155364**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

SANCHEZ, DANIEL R
862 NE 209 STREET
SUITE #104
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **SANCHEZ, DANIEL R**
STREET ADDRESS **862 NE 209 STREET APT# 104**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE **D** ☒ **Delete**
NAME **ALVAREZ, ORLANDO E**
STREET ADDRESS **862 NE 209 STREET APT #104**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE **T** ☒ **Delete**
NAME **GARCIA, FANNY**
STREET ADDRESS **862 NE 209 STREET, APT 104**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE **S** ☐ **Delete**
NAME **QUERALES, GERTRUDYS**
STREET ADDRESS **862 NE 209 STREET, APT 104**
CITY-ST-ZIP **NORTH MIAMI BEACH F; 33179**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/03 **(786) 229-6436**
Date Daytime Phone #

CR2E034 (10/02)