

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90197 040 ***150.00

DOCUMENT # **PO1000117989**
1. Entity Name
**H+A JANITORIAL SERVICES
CORP.**



DO NOT WRITE IN THIS SPACE

24070811

2. Principal Place of Business
4752 EAST 9 CT.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 22275
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HALEAH, FL
Zip
33013 Country
US

City & State
HALEAH, FL
Zip
33002 Country
US

4. FEI Number
65-1159334

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HECTOR SERNA
Street Address (P.O. Box Number is Not Acceptable)
4752 EAST 9 CT.
City
HALEAH FL
Zip Code
33013

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]**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-04

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTS
SERNA, HECTOR
4752 EAST 9 CT.
HALEAH, FL 33013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR SERNA, PRES.

4/28/04 (305) 688-2652
Date Daytime Phone #

CR2E034B (12/02)