

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90127 007 \*\*\*150.00

DOCUMENT # P02000008259

1. Entity Name  
MPOWER JANITORIAL INC.



Principal Place of Business  
19397 S.W. 65TH STREET  
PEMBROKE PINES FL 33332

Mailing Address  
19397 S.W. 65TH STREET  
PEMBROKE PINES FL 33332

2. Principal Place of Business

6601 Sheridan Street  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 327224  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
Hollywood Florida

City & State  
Ft-Lauderdale

4. FEI Number  
90-0002824

Applied For  
Not Applicable

Zip Country  
FL 33024 U.S.A.

Zip Country  
FL 33332 U.S.A.

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

6. Name and Address of Current Registered Agent

LAMOTHE, FERNAND  
1401 DEWEY STREET  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: XIDIS Panagiotis Peter  
Street Address (P.O. Box Number is Not Acceptable): 6601 Sheridan Street  
City: Hollywood FL Zip Code: 33024

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.

*[Signature]* Peter Xidis President

(NOTE: Registered Agent signature required when reinstating)

04/20/03  
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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	XIDIS, PETER	
STREET ADDRESS	19397 S.W. 65TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33332	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	XIDIS, PENELOPE	
STREET ADDRESS	19397 S.W. 65TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33332	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XIDIS PETER	
STREET ADDRESS	6601 Sheridan Street	
CITY-ST-ZIP	hollywood FL 33024	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XIDIS Penelope	
STREET ADDRESS	6601 Sheridan Street	
CITY-ST-ZIP	hollywood FL 33024	
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		
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		
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/03 954-965-7200  
Daytime Phone #

CR2E034 (10/02)