

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-03-2003 90461 040 ***150.00

DOCUMENT # P02000011252

1. Entity Name

PIERRE-LOUIS FAMILY CLEANING, INC.



Principal Place of Business
800 OLEANDER DRIVE
PLANTATION FL 33317

Mailing Address
800 OLEANDER DRIVE
PLANTATION FL 33317

2. Principal Place of Business

SAME above

3. Mailing Address

SAME above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2159773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PIERRE-LOUIS, ROGER
800 OLEANDER DRIVE
PLANTATION FL 33317

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 is 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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<i>President</i>	NAME	<i>ROGER PIERRE-LOUIS</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>800 OLEANDER DR</i>	CITY-ST-ZIP	<i>PLANTATION</i>	
TITLE		NAME	<i>FL 33317</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>N/A</i>	CITY-ST-ZIP	<i>N/A</i>	
TITLE		NAME	<i>N/A</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>N/A</i>	CITY-ST-ZIP	<i>N/A</i>	
TITLE		NAME	<i>N/A</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>N/A</i>	CITY-ST-ZIP	<i>N/A</i>	
TITLE		NAME	<i>N/A</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>N/A</i>	CITY-ST-ZIP	<i>N/A</i>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>N/A</i>	CITY-ST-ZIP	<i>N/A</i>	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>N/A</i>	CITY-ST-ZIP	<i>N/A</i>	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>N/A</i>	CITY-ST-ZIP	<i>N/A</i>	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>N/A</i>	CITY-ST-ZIP	<i>N/A</i>	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>N/A</i>	CITY-ST-ZIP	<i>N/A</i>	

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:

Roger Pierre-Louis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-03
Date

Daytime Phone #

CR2E034 (10/02)