

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91220 025 ***150.00

DOCUMENT # **P02000023622**

1. Entity Name

JM JANITORIAL SERVICES Inc.



DO NOT WRITE IN THIS SPACE

11005576

2. Principal Place of Business

JM JANITORIAL SERVICES Inc

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

18800NW 2nd AVE Ste 107

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33169

Country

FI

Zip

Country

4. FEI Number

02-0597925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JEAN CLAUDE CHARLES

Street Address (P.O. Box Number is Not Acceptable)

20065 NW 36 AVE

City

OPA-LOCKA

FL

Zip Code

33056

**DO NOT WRITE
IN THIS SPACE**

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

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	P/D
NAME	JEAN CLAUDE CHARLES
STREET ADDRESS	20065 NW 36 AVE
CITY-ST-ZIP	OPA-LOCKA FL 33056
TITLE	V/T
NAME	MARILYN METELLUS
STREET ADDRESS	20065 NW 36 AVE
CITY-ST-ZIP	OPA-LOCKA FL 33056
TITLE	
NAME	
STREET ADDRESS	
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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:

JEAN CLAUDE CHARLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 (305) 652-3750

Daytime Phone #

CR2E034B (12/02)