

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

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

05-27-2003 90176 025 ***150.00

DOCUMENT # P02000061627

1. Entity Name

FLORIDA JANITORIAL SERVICES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3852 WILDERNESS WAY

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 8252

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL.

City & State
CORAL SPRINGS FL.

4. FEI Number
03-0457049

Applied For
Not Applicable

Zip
33065

Country
U.S.

Zip
33075-8252

Country

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

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 re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SMERILLI OMAR E.
3852 WILDERNESS WAY
CORAL SPRINGS FL. 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HUERTA MIGUEL A.
5061 MARINA CIRCLE
BOCA RATON FL. 33486**

TITLE
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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:

OMAR SMERILLI (DP) 5/22/03 (954) 325-3173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2ED34B (12/02)