

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90112 047 ***150.00

DOCUMENT # P02000073526

1. Entity Name
IM CLEANING SERVICES INC.



Principal Place of Business

~~4758 SEA OATS CIRCLE~~

~~# 200~~

~~WEST PALM BEACH FL 33417~~

Mailing Address

~~4758 SEA OATS CIRCLE~~

~~# 200~~

~~WEST PALM BEACH FL 33417~~

2. Principal Place of Business

4282 DAWN RIDGE ST

3. Mailing Address

4282 DAWN RIDGE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

4. FEI Number

03-0474152

Applied For

Not Applicable

Zip Country
33410-5828 USA

Zip Country
33410-5828 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELBLONK, IRA H
1030 LAKE AVE.
STE 'C'
LAKE WORTH FL 33460

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P PASSOS, ISABELA C**
STREET ADDRESS ~~4758 SEA OATS CIRCLE # 200~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33417~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4282 DAWN RIDGE ST**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410-5828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Isabela C Passos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Home-561-630-9485
1-20-03 561-632-2379

Date

Daytime Phone #

CR2E034 (10/02)