

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90206 038 ***150.00

DOCUMENT # ~~16-00-356993-934~~
1. Entity Name
DKMP Cleaning Services, Inc.
P02000077990 ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6979 SW 40 Street
Suite, Apt. #, etc.

3. Mailing Address
N/A
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIRAMAR FL
Zip
33023-6649
Country
USA

City & State
Zip
Country

4. FEI Number
45-0482564
Applied For
Not Applicable

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
Merlene Prince
Street Address (P.O. Box Number is Not Acceptable)
6979 SW 40th Street
City
MIRAMAR **FL** Zip Code
33023

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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	S Donna Prince 1487 NW 101 Street MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Merlene Prince 6979 SW 40th Street MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S Kathleen Prince #306 15499 Miami Lakes Way Dr N Miami Lakes, FL 33014
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**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: **Donna Prince** **4/24/03** **305-702-3186**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)