

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91156 014 ***150.00

DOCUMENT # P 02000086120

1. Entity Name

JBC CLEANING CONTRACTORS CORP.



11040001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21300 NE 8CT Bld.30

3. Mailing Address

21300 NE 8 CT Bld. 30

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 5

Unit 6

City & State

City & State

N. Miami Beach, FL

North Miami Beach, FL

Zip

Zip

Country

Country

33179

DADE

33179

DADE

4. FEI Number

90-0069345

Applied For

Not Applicable

5. Certificate of Status Desired ☐
**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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 re-stating)

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
PD/ JIMMY TORRES
21300 NE 8CT Bldg. 30, Unit 6
North Miami, Beach, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/ ELSA TORRES
21300 NE 8 CT Bldg. 30, Unit 6
North Miami Beach, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD/ BILLY TORRES
21300 NE 8CT, Bldg.30 Unit 6
North Miami Beach, FL 33179

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:

Jimmy Torres

04/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)