

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

DOCUMENT # **P02000086979**

1. Entity Name

JSS Window Cleaning Inc.



03 MAY -7 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10220 SW 215 ST

Suite, Apt. #, etc.

3. Mailing Address

10220 SW 215 ST

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33189

Country

Zip

33189

Country

4. FEI Number

11-3648961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Steve mckendry

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

10220 SW 215 ST

City

Miami

FL

Zip Code

33189

**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]
Signature, typed or printed name of registered agent, Legible if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

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	President Steve mckendry 10220 SW 215 ST Miami FL 33189	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500020289055 05/30/03--01056--012 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Carlos Jimenez 10220 SW 215 ST Miami FL 33189	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Julio A. Olivieri 10220 SW 215 ST Miami, FL 33189	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

305-573-1578
Daytime Phone #

CR2E034B (12/02)