


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *FD2000087143*

1. Entity Name
Kewoni Cleaning Co.



FILED
03 APR 28 AM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Amended UBR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1143 NW 125th

3. Mailing Address
P.O. Box 66-9056

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
miami, FL

City & State
miami, FL

4. FEI Number
16-1624193

Applied For
☐ Not Applicable

Zip
33182

Country
US

Zip
33166

Country
US

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
Dominic Ruiz

Street Address (P.O. Box Number is Not Acceptable)
1143 NW 125th

City
miami

FL

Zip Code
33182

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

4/17/03

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	<i>President Dominic Ruiz 1143 NW 125th miami, FL 33182</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>200018458278 05/07/03--01085--012 **\$61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Joel Martin-Serrano 1143 NW 125th miami, FL 33182</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Jeremy R. Wayne-mack 1143 NW 125th miami, FL 33182</i>	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

Date

Daytime Phone #

4/17/03

CR2E034B (12/02)

gt 4/29