

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90071 005 ***150.00

DOCUMENT # P03000000090

1. Entity Name

ROSA'S CLEANING SERVICE, INC.



Principal Place of Business

1311 SEAVIEW DR
N LAUDERDALE FL 33068

Mailing Address

1311 SEAVIEW DR
N LAUDERDALE FL 33068

2. Principal Place of Business

7911 SW 10th Street

Suite, Apt. #, etc.

A

3. Mailing Address

7911 SW 10th Street

Suite, Apt. #, etc.

A



☒ CHECK HERE IF MAKING CHANGES

City & State

North Lauderdale FL

City & State

North Lauderdale FL

FEI Number

13-27-86-9665

Applied For

Not Applicable

Zip

33068

Country

Broward

Zip

33068

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

URQUIAGA, ROSA
1311 SEAVIEW DR
N LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name

ROSA URQUIAGA

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

7911 SW 10th Street, Apt. A

City

NORTH LAUDERDALE

FL

Zip Code

33068

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

Rosa Urquiaga

4-23-03.

Signature, typed or printed name of registered agent and date 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

TITLE D ☒ Delete
NAME URQUIAGA, ROSA
STREET ADDRESS 1311 SEAVIEW DR
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Rosa Urquiaga REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

4-24-03

Date

954-7214069

Daytime Phone #

CR2E034 (10/02)