

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40186

1. Entity Name

NATIONAL SERVICE CLEANING CORPORATION

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90092 046 ***150.00

Principal Place of Business

Mailing Address

3575 WEST 12TH ST.
 HOUSTON TX 77088
 US

49 DANTON DR.
 METHUEN MA 01844-1513
 US

2. Principal Place of Business

3. Mailing Address

40 Lydecker Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Nyack, NY

Zip

Country

Zip

Country

10960

USA

4. FEI Number

06-1263910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLNTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | PD <input checked="" type="checkbox"/> Delete | TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPECTOR, RICHARD | NAME | Daniel Karl Gray |
| STREET ADDRESS | 3575 WEST 12TH STREET | STREET ADDRESS | 3575 West 12th Street |
| CITY-ST-ZIP | HOUSTON TX | CITY-ST-ZIP | Houston Tx 77008 |
| TITLE | VSAT <input checked="" type="checkbox"/> Delete | TITLE | Vice President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOUNINIS, EFSTATHIOS | NAME | John Edwin Kling |
| STREET ADDRESS | 49 DANTON DRIVE | STREET ADDRESS | 11468 Coporate Lake Blvd, Unit #1 |
| CITY-ST-ZIP | METHUEN MA | CITY-ST-ZIP | San Antonio, FL 33576 |
| TITLE | VP <input checked="" type="checkbox"/> Delete | TITLE | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KASABIAN, FRANCIS | NAME | Jeffrey Michael Stodd |
| STREET ADDRESS | 5-7 DELAWARE DR.- UNIT 1 | STREET ADDRESS | 951 Constitution Avenue NW |
| CITY-ST-ZIP | SALEM OH 03079 | CITY-ST-ZIP | Washington, DC 20004 |
| TITLE | AS <input checked="" type="checkbox"/> Delete | TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THIBODEAUX, STEVEN | NAME | Richard Maters |
| STREET ADDRESS | 1201 CHILDERS RD | STREET ADDRESS | 40 Lydecker Street |
| CITY-ST-ZIP | ORANGE TX 77630 | CITY-ST-ZIP | Nyack, NY 10960 |
| TITLE | <input type="checkbox"/> Delete | TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | Martin Francis O'Halloran |
| STREET ADDRESS | | STREET ADDRESS | 40 Lydecker Street |
| CITY-ST-ZIP | | CITY-ST-ZIP | Nyack, NY 10960 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. 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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Daniel Karl Gray

Daniel Karl Gray

3-21-00

404-495-9931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #