

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056677

1. Entity Name

C & G COMMERCIAL CLEANING SERVICES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90190 008 ***150.00

Principal Place of Business

7040 W. PALMETTO PARK RD.
#433
BOCA RATON FL 33433
US

Mailing Address

7040 W. PALMETTO PARK RD.
#433
BOCA RATON FL 33433-3407
US

00004040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15072 ASHLAND PLACE

P.O. Box 6531

Suite, Apt. #, etc:

Suite, Apt. #, etc:

APT. 136D

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

65-0431129

Applied For

Not Applicable

Zip

33484

Country

U.S.A.

Zip

33482-6531

Country

U.S.A.

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

DIAZ, GUILLERMO J.
7040 W. PALMETTO PK RD
#433
BOCA RATON FL 33433

Name

DIAZ, CLARA A.

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

15072 ASHLAND PLACE

APT. 136D

City

DELRAY BEACH

FL

Zip Code

33484

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)

1/11/00

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

TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, CLARA A		NAME	DIAZ, CLARA A.	
STREET ADDRESS	7040 W. PALMETTO PK RD #433		STREET ADDRESS	15072 ASHLAND PLACE APT. 136D	
CITY-ST-ZIP	MARGATE FL		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, GUILLERMO J.		NAME		
STREET ADDRESS	7040 W. PALMETTO PK RD #433		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		CITY-ST-ZIP		
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		
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		
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		
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 receiver 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

954 849-3402

Daytime Phone #