

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90076 025 ***150.00

0021375 AV

DOCUMENT # P93000084787

1. Entity Name
SOUTH FLORIDA JANITOR CORP.



Principal Place of Business
**490 WEST 31ST PL
HIALEAH FL 33012**

Mailing Address
**490 WEST 31ST PL
HIALEAH FL 33012**

2. Principal Place of Business
19861 NE 24 Ave.

3. Mailing Address
19861 NE 24 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
N. Miami Beach, FL

City & State
N. Miami Beach, FL

Zip
33180

Country
USA

Zip
33180

Country
USA

4. FEI Number **65-0459610**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORALES, ONEIDA
490 WEST 31ST PL
HIALEAH FL 33012**

**19861 NE 24 Ave.
North Miami Beach, FL 33180**

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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, ONEIDA 490 WEST 31ST PL HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORALES, ANDRES M 490 WEST 31ST PL HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	19861 NE 24 Ave. North Miami Beach, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19861 NE 24 Ave. North Miami Beach, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Oneida Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03 305-938-5398

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

South Florida Janitor Corp.

19861 N.E. 24 Ave.

North Miami Beach, Fl. 33180

90144473

#P9300084787

July 15, 2003

To whom it may concern:

Enclosed, please find the payment of \$150.00 for the filing of my corporation's uniform business report. The reason that I am enclosing said amount is because our address has changed and we did not receive the first notice sent. Our new address is:

19861 N.E. 24 Ave.

North Miami Beach, Fl. 33180

Please note that had we received the notice on time, the proper payment would have been rendered accordingly. I sincerely apologize if this is at all an inconvenience to any of you. Please accept my enclosed payment for the filing of this report. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Andres Morales
Oneida Morales

Andres Morales

and Oneida Morales,

Owners and Registered Agent