

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90429 029 ***150.00

DOCUMENT # P93000085967

1. Entity Name
PERM-A-CARE JANITORIAL SERVICES, INC.

Principal Place of Business
1501 SOUTH MIAMI ROAD
FORT LAUDERDALE FL 33316

Mailing Address
1501 SOUTH MIAMI ROAD
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0458622 **65-0458622** 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

COSENTINO, ROSS P.
625 ENFIELD COURT
DELRAY BEACH FL 33444

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, 2002 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 **PSTD** ☐ Delete
NAME **COSENTINO, LYNDIA**
STREET ADDRESS **1503 SOUTH MIAMI RD**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **Director** ☒ Change ☐ Addition
NAME **Lyndia Cosentino**
STREET ADDRESS **1501 S. Miami Rd.**
CITY-ST-ZIP **FT Laud FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PSTD** ☐ Change ☒ Addition
NAME **NEW Cosentino**
STREET ADDRESS **1501 S. Miami Rd.**
CITY-ST-ZIP **FT Laud FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

MAR-13-92 WED 15:53 C

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

Attachment
Document # P93 0000 85967
407 790 4495 94047 P.01
DATE OF THIS NOTICE: 02-14-94
NUMBER OF THIS NOTICE: CP 575 G
EMPLOYER IDENTIFICATION NUMBER: 65-0464529
FORM: SS-4 (TELE-TIN)
0716821688 B

TAX FORMS YOU MUST FILE:
1120

FOR ASSISTANCE CALL US AT:
1-800-829-1040

PERM-A-CARE JANITORIAL SERVICES INC.
1501 S MIAMI RD
FORT LAUDERDALE FL 33316

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you employer identification number (EIN) 65-0464529. This EIN will identify your business account tax returns and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. Using any variation in your name or EIN may cause processing delays, incorrect information in your account, or erroneous assignment of more than one EIN.

We have established the filing requirement(s) and tax period for your account based on the information provided. Publication 538, Accounting Periods and Methods, is available at most IRS offices if you need help in determining your required tax year.

If you are required to make deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. If you must make a payment before then, use the enclosed coupons.

If you have not already done so, please complete the enclosed Form SS-4, Application for Employer Identification Number. Write in your new EIN, 65-0464529, in the upper right hand corner of the form. Be sure you sign and date the form properly. Return the form with the bottom part of this notice within 15 days. An envelope is enclosed for your convenience. We need this information for a complete record of your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 3 (Rev. 7-9

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 6

0716821688

YOUR TELEPHONE NUMBER BEST TIME TO CALL
()

DATE OF THIS NOTICE: 02-14-94
(EMPLOYER IDENTIFICATION NUMBER: 65-0464529)
FORM: SS-4 (TELE-TIN)

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

PERM-A-CARE JANITORIAL SERVICES INC
1501 S MIAMI RD