

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90181 012 ***150.00

DOCUMENT # P94000005125

1. Entity Name
AFTER HOURS CLEANING SERVICE, INC.

Principal Place of Business

**13641 S.W. 21 STREET
 MIRAMAR FL 33027
 US**

Mailing Address

**PO BOX 681183
 MIAMI FL 33168
 US**

2. Principal Place of Business

13641 S.W. 21 Street

3. Mailing Address

P.O. Box 681183

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miami, FL

4. FEI Number

65-0465474

Applied For

Not Applicable

Zip

Country

33027 U.S.A.

Zip

Country

33168 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, EDDY J.
 13581 N.W. 4TH STREET
 PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name **Eddy J. Allen**

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

13641 S.W. 21 Street

City **Miramar**

FL

Zip Code

33027

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 **Eddy Allen, President**

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

(NOTE: Registered Agent signature required when reinstating)

4-23-02

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

TITLE **C** ☐ Delete
 NAME **ALLEN, JOE**
 STREET ADDRESS **2040 NW 131 ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **ALLEN, MARIE**
 STREET ADDRESS **2040 NW 131ST ST.**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE **PTD** ☐ Delete
 NAME **ALLEN, EDDY**
 STREET ADDRESS **13641 S.W. 21 STREET**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
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TITLE ☐ Change ☐ Addition
 NAME
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 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: **Eddy Allen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

305-623-8863

Daytime Phone #

CR2E034 (9/01)