

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039026

1. Entity Name

N & N CLEANING SERVICES CORP.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90030 029 ***150.00

Principal Place of Business

Mailing Address

10101 W. OKEECHOBEE RD
#4101
HIALEAH GARDENS FL 33016
US

10101 W. OKEECHOBEE RD
#4101
HIALEAH GARDENS FL 33016-3122
US

2. Principal Place of Business

3. Mailing Address

4161 W. 10 Ave
Suite, Apt. #, etc.

4161 W 10 Ave
Suite, Apt. #, etc.

City & State

City & State

Hialeah FL

Hialeah FL

Zip

Country

Zip

Country

33012 MIAMI-Dade

33012 MIAMI-Dade

4. FEI Number

65-0487169

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

ARRILLAGA, NELSON JR
10101 W OKEECHOBEE RD #4101
HIALEAH GARDENS FL 33016

Name

NELSON ARRILLAGA JR

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

4161 W 10 Ave

City

HIALEAH

FL

Zip Code

330

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/00

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 V
NAME CHOATE, MAYDELIN
STREET ADDRESS 10101 W OKEECHOBEE RD #4102
CITY-ST-ZIP HIALEAH FL ☐ Delete

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

TITLE P
NAME ARRILLAGA, NELSON JR
STREET ADDRESS 10101 W OKEECHOBEE RD #4102
CITY-ST-ZIP HIALEAH GARDENS FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

(305) 821-6893

Date

Daytime Phone #

CR2E034 (9/99)