03-01-1999 90213 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000074786

1. Corporation Name

NO-ONE-BETTER CLEANING CONTRACTORS, INC.

								i
Principal Place	of Business	Mailing Address				E (TABAH BOBAH BOHA BOHA BOHA DI	[[]]	AND BUILDER
18460 NE 22ND		18460 NE 22ND AVE				l l		
SUITE 321S	776	SUITE 321S			,	1		•
N MIAMI BEAHO	FL 33160	N MIAMI BEAHC FL 33160		ļ		NOT WRITE IN TH	HIS SPACE	
US		US			 Date Incorporated 10/06/1994 	or Qualifed		ļ
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
	NE 22nd Avenue	26 18460 NE 22nd	Avenue		65-0536145	i	Not	Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		- 1.	5. Certifcate of Status	Desired	- \$8.75 A	
22		27			J. Certificate of Gratia		Fee Red	uired
City & State North	Miami Beach,Fl.3316	City & State O 28 North Miami Bea	ach,F1.33	160	Election Campaign Trust Fund Contrib	-	\$5.00 r	
Zip	Country	120	Country		8. This corporation ov	· .	Intangible	
24	25	29 30	·		Personal Property	1		□No
27	9. Name and Address of Currer			1	0. Name and Addres	s of New Register	ed Agent	
			81 Name					
	ZINI, NICOLAS A		82 Street	Address	(P.O. Box Number is	Not Acceptable)		_
	FLAGLER ST				<u> </u>			
	E 2050		83			į		
-/ MIAN	II FL 33130		84 City		·	ì	85 Zip C	ode
	<u> </u>					-	-L 03 2.5 0	
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was author	rized by the corpo	corporation's	tion submits this stater board of directors. I h	nent for the purpose ereby accept the ap	or changing its i pointment as reg	istered
SIGNATURE								\
	Signature, typed or printed name of registered age		stered Agent signature re	equired wh	en reinstating) ADDITIONS/CHANG	ES TO OFFICERS		DS IN 12
12.	D OFFICERS AF		13.		ADDITIONS/CHAIR		☐ Change	Addition
	DE LEON, JOSE	`	1.2 NAME					_ }
NAME	1551 NE 167 ST SUITE 321S		1.3 STREET ADDRESS					i
STREET ADDRESS	N MIAMI BEACH FL 33162		1.4 CITY-ST-ZIP					ì
CITY-ST-ZIP	D		2.1 TITLE)	Change	Addition
NAME	MENENDEZ, JOSEPH	·	2.2 NAME	MEN	ENDEZ, JOSEF	Ή		
STREET ADDRESS	1551 NE 167 ST SUITE 321S	1	2.3 STREET ADDRESS	184	60 NE 22nd A	venue		1
CITY-ST-ZIP	N MIAMI BEACH FL 33162	1	2 4 CITY-ST-ZIP	N M	iami Beach,	F1. 33160	-	
TITLE		☐ DELETE	3.1 TITLE		·		☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS		1	3.3 STREET ADDRESS			•		}
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP	_			П.С	- Addition
TITLE			5.1 TITLE			i i	☐ Change	☐ Addition
NAME		1	5.2 NAME			F		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			i		
CITY-ST-ZIP			6.1 TITLE			<u> </u>	Change	Addition
TITLE			6.2 NAME			ļ	onego .	
NAME			6.3 STREET ADDRESS			1		Į
STREET ADDRESS			6.4 CITY-ST-ZIP					ľ
CITY-ST-ZIP			CONTRACTOR	l				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

SIGNATURE: