

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090419

1. Entity Name

NYACK CLEANING SERVICES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90029 002 ***150.00

Principal Place of Business

Mailing Address

18235 N.W. 21ST STREET
PEMBROKE PINES FL 33029

18235 N.W. 21ST STREET
PEMBROKE PINES FL 33029-3710

2. Principal Place of Business

1756 Ibis Lane

3. Mailing Address

1756 Ibis Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston Florida

City & State

Weston Florida

Zip

33327

Country

USA

Zip

33327

Country

USA

4. FEI Number

65-0550913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MICHAEL
20401 N.W. 2ND AVENUE
SUITE #208
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

Michael Taylor

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

5912 Johnson Street

City

Hollywood FL

FL

Zip Code

33021

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	NYACK, LENOX	
STREET ADDRESS	18235 N.W. 21 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NYACK, MARCIE M	
STREET ADDRESS	18235 NW 21ST STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nyack, Lenox	
STREET ADDRESS	1756 Ibis Lane	
CITY-ST-ZIP	Weston Florida 33327	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcia M-Nyack	
STREET ADDRESS	1756 Ibis Lane	
CITY-ST-ZIP	Weston FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lenox Nyack (Lenox Nyack - President)

Date

4/13/00 954-389-8113

Daytime Phone # 854-850-0722

CR2E034 (9/99)