

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090675

1. Entity Name

AVAILABLE CLEANING SERVICES, INC.

Principal Place of Business

6880 FALCONSGATE AVENUE
DAVIE FL 33331

Mailing Address

6880 FALCONSGATE AVENUE
DAVIE FL 33331-2983

2. Principal Place of Business

6956 SW 148 LANE

3. Mailing Address

6956 SW 148 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE - FL

City & State

DAVIE - FL 33331

Zip

33331

Country

BROWARD

Zip

Country

4. FEI Number

65-0554155

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

ANDINO, NELSON

6880 FALCONSGATE AVENUE
DAVIE FL 33331

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)

NO ☐

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 PD ☐ Delete

NAME ANDINO, NELSON
STREET ADDRESS 6880 FALCONSGATE AVENUE
CITY-ST-ZIP DAVIE FL 33331

TITLE VD ☐ Delete

NAME ANDINO, EMMA
STREET ADDRESS 6880 FALCONSGATE AVENUE
CITY-ST-ZIP DAVIE FL 33331

TITLE STD ☐ Delete

NAME GASKINS, JENNY
STREET ADDRESS 6880 FALCONSGATE AVENUE
CITY-ST-ZIP DAVIE FL 33331

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Nelson Andino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/00
Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90118 021 ***150.00

AVAILABILITY



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)