

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038942

1. Entity Name
S O S CLEANING, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90066 028 ***150.00

Principal Place of Business

Mailing Address

~~424 LAKEVIEW DRIVE STE 105~~
~~FORT LAUDERDALE FL 33326~~

14731 WESLEY MANOR
DAVIE FL 33325-6306
US

2. Principal Place of Business

14731 WESLEY MANOR

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

33325 BROWARD

Country

4. FEI Number 65-0588131

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

BURTON, CORA

~~424 LAKEVIEW DRIVE STE 105~~
~~FORT LAUDERDALE FL 33326~~

Name

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

14731 WESLEY MANOR

City DAVIE

FL

Zip Code 33325

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BURTON, CORA
CITY-ST-ZIP ~~424 LAKEVIEW DRIVE STE 105~~
~~FORT LAUDERDALE FL 33326~~

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
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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: *Cora Burton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 954-474-8820
Date Daytime Phone #

CR2E034 (9/99)