

# 2000 UNIFORM BUSINESS REPORT (UBR)

4-14-00

DOCUMENT # P95000045166

1. Entity Name  
D.G. CLEANING SERVICES, INC.

FILED

00 APR 14 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C0061805

Principal Place of Business

Mailing Address

12664 S.W. 54th COURT  
MIRAMAR, FLORIDA 33027

2. Principal Place of Business

12664 S.W. 54th CT.

3. Mailing Address

12664 S.W. 54th CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIRAMAR, FLORIDA

MIRAMAR, FLORIDA

DO NOT WRITE IN THIS SPACE  
4/14/00 90129/046 \$150.00

4. FEI Number  
65-0591593

Applied For  
Not Applicable

Zip  
33027

Country  
USA

Zip  
33027

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENISE GALBAN  
12664 SW 54th CT.  
MIRAMAR, FLORIDA 33027

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
TAXES MAY 1, 2000 Fee will be \$500.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PRESIDENT  
DENISE GALBAN  
12664 SW 54th CT.  
MIRAMAR, FLORIDA 33027

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENISE GALBAN

02/27/00 (305)829-7796

Date

Daytime Phone #

CR2E034 (9/99)

4/20