

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90171 008 \*\*\*150.00

**DOCUMENT # P95000068239**

**1. Entity Name**  
**THE END RESULT JANITORIAL, INC.**

**Principal Place of Business**

7331 CORAL WAY  
 STE 212-A  
 MIAMI FL 33155  
 US

**Mailing Address**

7331 CORAL WAY  
 STE 212-A  
 MIAMI FL 33155  
 US

**2. Principal Place of Business**

1260 SW 143 AVENUE

**3. Mailing Address**

1260 SW 143 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

MIAMI, FL.

**City & State**

MIAMI, FL.

**4. FEI Number**

65-0336058

**Applied For**

☐ Not Applicable

**Zip**

33184

**Country**

USA

**Zip**

33184

**Country**

USA

**5. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TORRES, LILEAN  
 2612 SW 120 AVE  
 MIAMI FL 33175

**7. Name and Address of New Registered Agent**

**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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

|                       |                    |                                 |
|-----------------------|--------------------|---------------------------------|
| <b>TITLE</b>          | <b>P</b>           | <input type="checkbox"/> Delete |
| <b>NAME</b>           | TORRES, LILEAN     |                                 |
| <b>STREET ADDRESS</b> | 2612 SW 120 AVENUE |                                 |
| <b>CITY-ST-ZIP</b>    | MIAMI FL 33175     |                                 |
| <b>TITLE</b>          |                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                    |                                 |
| <b>STREET ADDRESS</b> |                    |                                 |
| <b>CITY-ST-ZIP</b>    |                    |                                 |
| <b>TITLE</b>          |                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                    |                                 |
| <b>STREET ADDRESS</b> |                    |                                 |
| <b>CITY-ST-ZIP</b>    |                    |                                 |
| <b>TITLE</b>          |                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                    |                                 |
| <b>STREET ADDRESS</b> |                    |                                 |
| <b>CITY-ST-ZIP</b>    |                    |                                 |
| <b>TITLE</b>          |                    | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                    |                                 |
| <b>STREET ADDRESS</b> |                    |                                 |
| <b>CITY-ST-ZIP</b>    |                    |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                                   |  |
|-----------------------|-----------------------------------|--|
| <b>TITLE</b>          | <b>TORRES, LILEAN / PRESIDENT</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | 1260 SW 143 AVE.                  |  |
| <b>STREET ADDRESS</b> | MIAMI, FL. 33184                  |  |
| <b>CITY-ST-ZIP</b>    |                                   |  |
| <b>TITLE</b>          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                   |  |
| <b>STREET ADDRESS</b> |                                   |  |
| <b>CITY-ST-ZIP</b>    |                                   |  |
| <b>TITLE</b>          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                   |  |
| <b>STREET ADDRESS</b> |                                   |  |
| <b>CITY-ST-ZIP</b>    |                                   |  |
| <b>TITLE</b>          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                   |  |
| <b>STREET ADDRESS</b> |                                   |  |
| <b>CITY-ST-ZIP</b>    |                                   |  |
| <b>TITLE</b>          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                   |  |
| <b>STREET ADDRESS</b> |                                   |  |
| <b>CITY-ST-ZIP</b>    |                                   |  |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14, 2002 (305) 261-6622

Date

Daytime Phone #

024667 AV

CR2E034 (9/01)