

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-06-2003 90103 022 ***150.00

2/1

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000068239

1. Entity Name
THE END RESULT JANITORIAL, INC.



Principal Place of Business
1260 SW 143 AVENUE
MIAMI FL 33184
US

Mailing Address
1260 SW 143 AVENUE
MIAMI FL 33184
US

55012342



✓ 65-0680183
☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0338058

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TORRES, LILEAN
2612 SW 120 AVE
MIAMI FL 33175

1260 SW 143 AVE.
MIAMI, FL. 33184

Name LILEAN TORRES (SAME AGENT)

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

1260 SW 143 AVE.

City MIAMI

FL

Zip Code 33184

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TORRES, LILEAN
STREET ADDRESS 1260 SW 143 AVENUE
CITY-ST-ZIP MIAMI FL 33184

☐ Delete

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☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/03

Daytime Phone #

CR2E034 (10/02)