

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 996000010409

1. Entity Name
SOUTH FLORIDA SPECIAL CLEANING SERVICES, INC.

Principal Place of Business
1140 SW 111 AVE
PEMBROKE PINES, FL. 33025

Mailing Address
P.O. Box 22-1905
HOLLYWOOD, FL. 33022

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90010 022 ***150.00

00052743

2. Principal Place of Business
1045 SE. 7th COURT
Suite, Apt. #, etc.
BLDG 6 SUITE 103

3. Mailing Address
Suite, Apt. #, etc.
DANIA BEACH FL.
City & State
33004
Zip
USA
Country

4. FEI Number
65-0639492

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

Applied For
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SINKU, ELIZABETH
1140 SW 111 AVE
PEMBROKE PINES, FL. 33025

7. Name and Address of New Registered Agent
Name
RALPH PERROTA
Street Address (P.O. Box Number is Not Acceptable)
1045 SE. 7th COURT BLDG 6 SUITE-103
City
DANIA BEACH FL Zip Code
33004

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 Ralph Perrota RALPH PERROTA 4-28-00
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. ☐ **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PT</u> <u>PERROTA, RALPH</u> <u>1140 SW 111 AVE</u> <u>PEMBROKE PINES, FL. 33025</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPS</u> <u>SINKU, ELIZABETH</u> <u>1140 SW 111 AVE</u> <u>PEMBROKE PINES, FL. 33025</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DPST</u> <u>PERROTA, RALPH</u> <u>1045 SE. 7th COURT BLDG 6 SUITE-103</u> <u>DANIA BEACH, FL. 33004</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ralph Perrota RALPH PERROTA 4-28-00 954-441-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)