

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027414

1. Entity Name

GQ CUSTOM CLEANING, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90126 028 \*\*\*150.00

Principal Place of Business

Mailing Address

110 SE SOLAZ AVE  
PORT ST LUCIE FL 34983

110 SE SOLAZ AVE  
PORT ST LUCIE FL 34983

957772



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1520 Croquet St.

1520 Croquet St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St Lucie FL

Port St Lucie FL

4. FEI Number

65-0653779

Applied For

Not Applicable

Zip

Country

34983

Zip

Country

34983

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

QUINONES, GEORGE  
110 SE SOLAZ AVE  
PORT ST LUCIE FL 34983

Name

Quinones George

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

1520 Croquet St.

City

Port St Lucie

FL

Zip Code

34983

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

George Quinones

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	QUINONES, GEORGE	
STREET ADDRESS	110 SE SOLAZ AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUINONES, MARIA	
STREET ADDRESS	110 SE SOLAZ AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1520 Croquet St.	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1520 Croquet St.	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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:

George Quinones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)