

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0159573 AV

**DOCUMENT # P96000052236**

1. Entity Name

**CLEARVIEW COMMERCIAL WINDOW CLEANING, INC.**

03-13-2002 90039 021 \*\*\*150.00

Principal Place of Business

15201 NW 4TH STREET  
 PEMBROKE PINES FL 33028

Mailing Address

15201 NW 4TH STREET  
 PEMBROKE PINES FL 33028

2. Principal Place of Business

6241 HURON TERRACE  
 Suite, Apt. #, etc.

3. Mailing Address

6241 HURON TERRACE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE FL.

City & State

DAVIE FL.

4. FEI Number

65-0679099

Applied For

Not Applicable

Zip

33331

Country

BROWARD

Zip

33331

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SCAGLIONE, LEO

15201 NW 4TH STREET

PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

Scaglione LEO

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

6241 HURON TERRACE

City

DAVIE

FL

Zip Code

33331

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCAGLIONE, LEO	
STREET ADDRESS	15201 NW 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAGLIONE LEO	
STREET ADDRESS	6241 HURON TERRACE	
CITY-ST-ZIP	DAVIE FL. 33331	
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		
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)(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:

*Leo Scaglione*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb-25, 02 (954) 680-9154  
 Daytime Phone #

CR2E034 (9/01)