

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088916

1. Entity Name

AFFORDABLE GROUT CLEANING, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90008 006 ***150.00

Principal Place of Business

Mailing Address

10020 NW 53 ST
SUNRISE FL 33351
US

10020 NW 53 ST
SUNRISE FL 33351-0068
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
10068 NW. 53 ST

Suite, Apt. #, etc.
10068 N.W. 53 ST

City & State
Sunrise, FL.

City & State
Sunrise, FL.

Zip
33351

Country
USA

Zip
33351

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0704186

Applied For
Not Applicable

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

DOWNING, KEN
10020 NW 53 ST
SUNRISE FL 33351

Name

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

10068 N.W. 53 ST.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DOWNING, KEN	
STREET ADDRESS	10020 NW 53 ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOWNING, MARIAH F	
STREET ADDRESS	10020 NW 53 ST	
CITY-ST-ZIP	SUNRISE FL 33351	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10068 NW. 53 ST	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNING, MARIA	
STREET ADDRESS	10068 N.W. 53 ST	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 (954) 748-1989

CR2E034 (9/99)