

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090296

1. Entity Name

NATIONAL CLEANING SYSTEMS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90067 043 ***150.00

Principal Place of Business

Mailing Address

2195 N. ANDREWS AVENUE
 EXT. UNIT BAY 10
 POMPANO BCH FL 33069
 US

2195 N. ANDREWS AVENUE
 EXT. UNIT BAY 10
 POMPANO BCH FL 33069-1430
 US

2. Principal Place of Business

2201 N. ANDREWS AVE

3. Mailing Address

P.O. BOX 9562

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

FT. LAUDERDALE

Zip

33069

Country

USA

Zip

33310

Country

USA

4. FEI Number

65-0704676

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

BORGES, JOAO
 2195 N. ANDREWS AVE.
 EXT. UNIT BAY 10
 POMPANO BCH FL 33069

Name

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

2201 N. ANDREWS AVENUE

#106

City

POMPANO BEACH

FL

Zip Code

33069

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)

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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	DP	<input type="checkbox"/> Delete
NAME	BORGES, JOAO M	
STREET ADDRESS	3571 NE 19 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MARTINS, LUISA M	
STREET ADDRESS	3571 NE 19 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2831 N.E. 21 AVENUE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2831 N.E. 21 AVENUE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)