

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 21 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 97000019549*

1. Entity Name

Orbito Cleaning Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4747 Hollywood Bl.

3. Mailing Address

SAME

Suite, Apt. #, etc.

256.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood

City & State

4. FEI Number

65-0735513

Applied For

Not Applicable

Zip

Country

FL 33021

Zip

Country

33021

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Harold H. Baena

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

4747 Hollywood Bl. # 256.

City

Hollywood

FL

Zip Code

33021

**DO NOT WRITE
IN THIS SPACE**

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]

Harold Baena -

05-17-02.

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.P.*
NAME *Harold H. Baena.*
STREET ADDRESS *4747 Hollywood Bl. # 256.*
CITY-ST-ZIP *Hollywood FL 33021*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300005666103--3
-06/03/02--01091--014
*****150.00 ****150.00*

TITLE *D.V.*
NAME *Dora Luz Vinazco.*
STREET ADDRESS *4747 Hollywood Bl. # 256.*
CITY-ST-ZIP *Hollywood FL 33021*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Harold Baena

05-17-02.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)