

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026596

1. Entity Name

MICHAEL'S PROPERTY CLEANING SERVICE, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90089 024 ***150.00

Principal Place of Business

12301 NW 26 ST
CORAL SPRINGS FL 33065
US

Mailing Address

12301 NW 26 ST
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

12301 N-W 26 St

3. Mailing Address

12301 N-W 26 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FLA.

City & State

CORAL SPRINGS, FLA

Zip

33065

Country

Broward

Zip

33065

Country

Broward Coral Springs

4. FEI Number

65-0743780

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

RICO, MICHAEL

12301 NW 26 ST

CORAL SPRINGS FL 33065

Name

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

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

MICHAEL'S PROPERTY CLEANING SERVICE, INC. (President)

4/6/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	RICO, MICHAEL	
STREET ADDRESS	12301 NW 26 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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
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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:

MICHAEL'S PROPERTY CLEANING SERVICE, INC. (President)

4/6/01

Date

Daytime Phone #

CR2E034 (10/00)