

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049126

1. Entity Name

CUSTOM CLEANING SERVICES, INC.

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90165 026 \*\*\*150.00

Principal Place of Business

14356 SW 38 ST.  
MIAMI FL 33175

Mailing Address

14356 SW 38 ST.  
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0758498

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

CASTRO, WILFREDO  
581 N.W. 48TH PLACE  
MIAMI FL

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

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 PD ☐ Delete  
NAME CASTRO, WILFREDO  
STREET ADDRESS 581 NW 48TH PLACE  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☒ Change ☐ Addition  
NAME New address  
STREET ADDRESS 14356 SW 38 ST  
CITY-ST-ZIP Miami FL 33175

TITLE STD ☐ Delete  
NAME CASTRO, MARIA  
STREET ADDRESS 581 NW 48TH PLACE  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☒ Change ☐ Addition  
NAME New address  
STREET ADDRESS 14356 SW 38 ST  
CITY-ST-ZIP Miami FL 33175

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4-13-01 305 4607414

CR2E034 (10/00)