

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90065 038 \*\*\*150.00

DOCUMENT # P97000081936

1. Corporation Name

TIFFANY'S CLEANING SERVICE, INC.

Principal Place of Business  
2221 NE 164TH ST., STE. 328  
N. MIAMI BEACH FL 33160

Mailing Address  
2221 NE 164TH ST., STE. 328  
N. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0789631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 20867 N.W. 3rd CT

2a. Mailing Address

26 20867 N.W. 3rd CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pembroke Pines, FL

City & State

28 Pembroke Pines FL

Zip

24 33029 25 U.S.A.

Zip

29 33029 30 U.S.A.

9. Name and Address of Current Registered Agent

PONCE, DANILO  
20867 NW 3RD CT  
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME PONCE, DANILO R  
STREET ADDRESS 2221 NE 164TH ST., STE. 328  
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE VT ☐ DELETE  
NAME CANTARERO, NORMA  
STREET ADDRESS 2221 NE 164TH ST., STE. 328  
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Ponce, Danilo R.  
1.3 STREET ADDRESS 20867 N.W. 3rd CT  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33029

2.1 TITLE VT ☒ Change ☐ Addition  
2.2 NAME Cantarero, Norma  
2.3 STREET ADDRESS 20867 N.W. 3rd CT  
2.4 CITY-ST-ZIP Pembroke Pines, FL 33029

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norma M. Cantarero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/99 (305) 979-9271

Date

Daytime Phone #

CR2E034 (11/98)

0233022