

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000397

1. Entity Name

BREVARD CLEANING & MAINTENANCE, INC.

APPROVED
AND
FILED

00 APR 27 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1901 FALLON BLVD. N.E.
PALM BAY FL 32907

P.O. BOX 100648
PALM BAY FL 32910-0648

2. Principal Place of Business

3. Mailing Address

6005 N. WICKHAM ROAD

Suite, Apt. #, etc.

P.O. BOX 410603

City & State

MELBOURNE

Zip

32941-0603

Country

U.S.A

4. FEI Number 59-3484557

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

ACOSTA, JUAN E
1901 FALLON BLVD. N.E.
PALM BAY FL 32907

Name

ACOSTA, JUAN E

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

6005 N. WICKHAM ROAD

SUITE # A123

City

MELBOURNE

FL

Zip Code

32940

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, JUAN E 1901 FALLON BLVD. PALM BAY FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00 (321)253-3755

Date

Daytime Phone