

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003322

1. Entity Name

FOUR POINT CLEANING SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90003 003 ***150.00

Principal Place of Business

Mailing Address

~~1871 N.W. 58TH TERRACE APT. 1~~
~~SUNRISE FL 33313~~

~~1871 N.W. 58TH TERRACE APT. 1~~
~~SUNRISE FL 33313-4374~~

2. Principal Place of Business

3. Mailing Address

4331 N.W. 24TH ST.

4331 N.W. 24TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 LAUDERHILL, FL

City & State
 LAUDERHILL, FL

Zip
 33313

Country

Zip
 33313

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0804585

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

MOGBO, CHUCK
 2801 N. STATE ROAD 7
 SUITE 124
 LAUDERHILL FL 33313

Name

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

2800 N. OAKLAND PK BLVD, SUITE 209
 City OAKLAND PARK FL Zip 33311

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, KIRKPATRICK	NAME	
STREET ADDRESS	1871 N.W. 58TH TERRACE APT. 1	STREET ADDRESS	4331 N.W. 24TH STREET
CITY-ST-ZIP	SUNRISE FL 33313	CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SHERON	NAME	
STREET ADDRESS	1871 N.W. 58TH TERRACE APT. 1	STREET ADDRESS	4331 N.W. 24TH STREET
CITY-ST-ZIP	SUNRISE FL 33313	CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

CR2E034 (9/99)