

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014668

1. Entity Name

RIVER CITY COMMERCIAL CLEANING, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90063 006 ***150.00

Principal Place of Business

3327 MANDARIN GLEN DR
 JACKSONVILLE FL 32223

Mailing Address

11111-2A SAN JOSE BLVD. SUITE 206
 JACKSONVILLE FL 32223

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3492804

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

~~MUNUSAMI, ANDREW~~
 3830-7 WILLIAMSBURG PARK BLVD
 JACKSONVILLE FL 32257

Name **MEREDITH ALLEN HERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
3617 CROWN POINT RD #1
 City **JACKSONVILLE** FL **32257**

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 **D** ☐ Delete
 NAME **MUNUSAMI, ANDREW**
 STREET ADDRESS **3327 MANDARIN GLEN DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☒ Change ☐ Addition
 NAME **P.O. BOX 24668**
 STREET ADDRESS **JACKSONVILLE, FL 32241-4668**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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 #

904-288-8999

CR2E034 (9/99)