

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018466

1. Entity Name  
**MARCO CLEANING SERVICES INC.**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90063 007 \*\*\*150.00

Principal Place of Business

**729 SIESTA KEY TRL  
APT 1315  
DEERFIELD BEACH FL 33441**

Mailing Address

**729 SIESTA KEY TRL  
APT 1315  
DEERFIELD BEACH FL 33441**

**972444**

2. Principal Place of Business

**5391 SW 7TH CT**

3. Mailing Address

**5391 SW 7TH CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MARGATE, FL**

City & State

**MARGATE, FL**

4. FEI Number **65-0818062**

Applied For

Not Applicable

Zip

Country

**33068**

Zip

Country

**33068**

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

**DAVERMAND, HENRY  
729 SIESTA KEY  
APT 1315  
DEERFIELD BEACH FL 33441**

Name

**DAVERMAND HENRY**

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

**5391 SW 7TH CT**

City

**MARGATE, FL**

**FL**

Zip Code

**33068**

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 *Henry Daverman*  
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 **P** ☐ Delete  
NAME **DAVERMAND, HENRY**  
STREET ADDRESS **729 SIESTA KEY TRL #1315**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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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: *Henry Daverman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/01**  
Date

**(954) 821-6549**  
Daytime Phone #

CR2E034 (10/00)