

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027084

1. Entity Name

G.A.F. CLEANING INC.

Principal Place of Business

15 W. MONUMENT AVE.
KISSIMMEE FL 34741
OS

Mailing Address

3042 REGION HAWK CT
ORLANDO FL 32829-8554

2. Principal Place of Business

3. Mailing Address

15 W MONUMENT AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KISSIMMEE

City & State

City & State

FL

Zip

Country

Zip

Country

34741

OSCEOLA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRAN, ALFONSO
15 W. MOUNMENT AVE.
KISSIMMEE FL 32829
34741

Name

FERRAN, ALFONSO

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

15 W MONUMENT AVE

City

KISSIMMEE

FL

Zip Code

34741

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	<input type="checkbox"/> Delete
NAME	FERRAN, ALFONSO	
STREET ADDRESS	3042 REGION HAWK CT	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00
Date

Daytime Phone #

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90051 043 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3500147** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/99)