

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **298000058115**

1. Entity Name

**SOCIETY CLEANING SYSTEMS, INC.**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90037 020 \*\*\*150.00

Principal Place of Business

Mailing Address

**711 N PINE ISLAND RD  
STE #309  
PLANTATION FL 33324  
US**

**PO BOX 7111  
FT LAUDERDALE FL 33338-7111**

2. Principal Place of Business

**2749 S. OAKLAND FOREST DR.**

3. Mailing Address

**PO. BOX 7111 FORT LAUDERDALE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#101**

City & State  
**OAKLAND PARK FL 33309**

City & State  
**FORT LAUDERDALE FL.**

Zip

Country

**USA**

Zip

**33338**

Country

**USA**

4. FEI Number

**65-0847123**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LOPES, GEOVANE  
711 N PINE ISLAND RD  
STE #309  
PLANTATION FL 33309**

7. Name and Address of New Registered Agent

Name **LOPES, GEOVANE**

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

**2749 S. OAKLAND FOREST DR.**

**#101**

City **OAKLAND PARK**

**FL**

Zip Code **33309**

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]*

**AGENT**

**3/10/00**

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

TITLE **P** ☐ Delete  
NAME **LOPES, GEOVANE**  
STREET ADDRESS **711 N PINE ISLAND RD STE 309**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **LOPES, GEOVANE**  
STREET ADDRESS **2749 S. OAKLAND FOREST DR. #101**  
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

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

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

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

TITLE ☐ Change ☐ 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]*  
**LOPES, GEOVANE PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/00**

Date

**(954) 733-9229**

Daytime Phone #

CR2E034 (9/99)