

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000062462

1. Entity Name

TOTAL CLEANING SERVICE, INC.

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90273 025 ***150.00

A0062225

DO NOT WRITE IN THIS SPACE

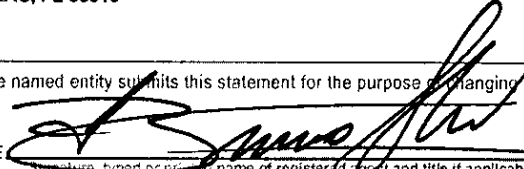
Principal Place of Business Mailing Address
8021 SOUTHGATE BLVD. #G-9 8021 SOUTHGATE BLVD. #G-9
NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068

2. Principal Place of Business 3. Mailing Address
Suite Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **65-0851737** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

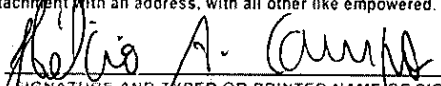
6. Name and Address of Current Registered Agent
PITTER, CARL S
7447 NORTH WEST 57 STREET
TAMARAC, FL 33319

7. Name and Address of New Registered Agent
Name **TAX HOUSE CORPORATION**
Street Address (P.O. Box Number is Not Acceptable)
3929 N FEDERAL HWY.
City **POMPANO BEACH** FL Zip Code **33064**

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  **BRUNO GOMES - PRES.** 04/20/01
(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	DPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPOS, HELCIO			NAME			
STREET ADDRESS	8021 SOUTHGATE BLVD. #G-9			STREET ADDRESS			
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068			CITY-ST-ZIP			
TITLE	DVPS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPOS, HELCIO			NAME			
STREET ADDRESS	8021 SOUTHGATE BLVD. #G-9			STREET ADDRESS			
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	CAMPOS, ROSANGELA		
STREET ADDRESS				STREET ADDRESS	8021 SOUTHGATE BLVD: #G-9		
CITY-ST-ZIP				CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		
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 1.19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.
SIGNATURE:  **PRESIDENT** 04/20/01 (954) 724-5294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #