

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2001 90213 003 \*\*\*150.00

DOCUMENT # P98000078959

1. Entity Name

T AND T CLEANING CORP.

**A0065390**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3518 Broadway Riviera Bch., Fl 33404	16230 77th Trail No. Palm Bch.Gardens, Fl 33418

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number  
65-0866647

Applied For  
Not Applicable

Zip      Country      Zip      Country

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

Alferdo Perez  
11537 Winchester Dr.  
Palm Bch.Gardens, Fl 33410

Name	Alferdo Perez
Street Address (P.O. Box Number is Not Acceptable)	16230 77th Trail No.
City	Palm Bch.Gardens FL 33418

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

*Alferdo E Perez*      4-26-01

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	PD	<input type="checkbox"/> Delete
NAME	Alfredo E. Perez	
STREET ADDRESS	11557 Winchester Dr.	
CITY-ST-ZIP	Palm Bch.Gardens, FL 33410	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alfredo E. Perez	
STREET ADDRESS	16230 77th Trail No.	
CITY-ST-ZIP	Palm Bch.Gardens, FL 33418	

TITLE	STD	<input type="checkbox"/> Delete
NAME	Evie-Ann Perez	
STREET ADDRESS	11557 Winchester Dr.	
CITY-ST-ZIP	Palm Bch.Gardens, FL 33410	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evie-Ann Perez	
STREET ADDRESS	16230 77th Trail No.	
CITY-ST-ZIP	Palm Bch. Gardens, FL 33418	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Alferdo E Perez*      4-26-01

CR2E034 (11/00)