

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089982

1. Entity Name

ECUA CLEANING SERVICES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90028 047 ***150.00

Principal Place of Business

Mailing Address

11229 W. ATLANTIC BLVD
#203
CORAL SPRINGS FL 33071

10257 HARBOR INN COURT
BLDG. 30
CORAL SPRINGS FL 33071-5624

2. Principal Place of Business

3. Mailing Address

10024 Winding Lake Rd
Suite, Apt. #, etc.
#201

10024 Winding Lake Rd
Suite, Apt. #, etc.
#201

City & State
Sunrise - FL

City & State
Sunrise FL

Zip 33351 Country U.S.A.

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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0873078

Applied For
Not Applicable

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

GILER, OSCAR
11229 W. ATLANTIC BLVD
#203
CORAL SPRINGS FL 33071

Name

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

City

FL

Zip Code

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 P
NAME GILER, OSCAR
STREET ADDRESS 11229 WEST ATLANTIC BLVD #203
CITY-ST-ZIP CORAL SPRINGS FL 33071

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)