

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90049 028 ***150.00

DOCUMENT # P98000089982

1. Entity Name
ECUA CLEANING SERVICES, INC.



Principal Place of Business
9380 NW 43RD ST
SUNRISE, FL 33351 US

Mailing Address
9380 NW 43RD ST
SUNRISE, FL 33351 US

2. Principal Place of Business

18803 Maisons Dr.
Suite, Apt. #, etc.

3. Mailing Address

18803 Maisons Dr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

LUFTZ FL.

City & State

FL, LUFTZ

4. FEI Number

65-0873078

Applied For

☐ Not Applicable

Zip

33558

Country

U.S.A

Zip

33558

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when terminating)

4/30/03

DATE

FILED WITH THIS REPORT
ATTORNEY'S FEE: \$100.00
Filing Fee: \$100.00
Total: \$200.00
Must be paid to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GILER, OSCAR	
STREET ADDRESS	10024 WINDINGS LAKE RD APT 102	
CITY-ST-ZIP	SUNRISE, FL 33351	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/30/03

DATE

(813) 376-8288

Daytime Phone

CR2034 (10/02)