

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90056 050 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000093796

1. Corporation Name

UNIQUE JANITORIAL SERVICES, INC.

Principal Place of Business

Mailing Address

3545 NW 83RD TERR  
MIAMI FL 33147

3545 NW 83RD TERR  
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1998

4. FEI Number

65-0876847

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 6600 NW 27TH AVENUE

26 Suite, Apt. #, etc.

22 109

27 City & State

23 MIAMI FLORIDA

28 Zip Country

24 33147 25 U.S.A

29 30

9. Name and Address of Current Registered Agent

TAYO, OKEGBENRO  
3545 NW 83RD TERR  
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Okegbenro S. T.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME TAYO, OKEGBENRO  
STREET ADDRESS 3545 NW 83RD TERR  
CITY-ST-ZIP MIAMI FL 33147

TITLE VICE PRESIDENT ☐ DELETE  
NAME TUNJI BANKOLE  
STREET ADDRESS 3545 NW 83RD  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS N/A  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS N/A  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS N/A  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS N/A  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS N/A  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS N/A  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS N/A  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS N/A  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS N/A  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS N/A  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Okegbenro S. T.

Date

Daytime Phone #

CR2E034 (11/98)

0220165