

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108340

1. Entity Name

CBA JANITORIAL SERVICES, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90156 035 \*\*\*150.00

Principal Place of Business

1220 N.W. 51ST WAY  
POMPANO BEACH FL 33064

Mailing Address

P.O. BOX 4445  
DEERFIELD BEACH FL 33442-4445

2. Principal Place of Business

1220 NW 51ST WAY  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 4445  
Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

4. FEI Number

65-0884721

Applied For

Not Applicable

Zip

33064 USA

Zip

33442

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: JULIANA AQUILINO  
Street Address (P.O. Box Number is Not Acceptable)

3961 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/14/00

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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**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

TITLE: PSTD  
NAME: LIBORIO, FRANCISCO  
STREET ADDRESS: 1212 NORTHWEST 51ST WAY  
CITY-ST-ZIP: POMPANO BEACH FL 33064

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: LIBORIO - FRANCISCO  
NAME: 1220 NW 51st Way  
STREET ADDRESS: Deerfield Beach, FL  
CITY-ST-ZIP: 33442

☒ Change ☐ Addition

TITLE:   
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CITY-ST-ZIP:

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iv) 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)