

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005245

1. Entity Name

J. & S. CLEANING & MAINTENANCE, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90006 020 \*\*\*150.00

Principal Place of Business

Mailing Address

~~600 EAST 57TH STREET~~  
~~HALEAH FL 33013~~

~~600 EAST 57TH STREET~~  
~~HALEAH FL 33013~~

2. Principal Place of Business

8751 S.W. 51 Place

Suite, Apt. #, etc.

3. Mailing Address

8751 S.W. 51 Place

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cooper City Fl

City & State

Cooper City Fl

4. FEI Number

65-0892860

Applied For

Not Applicable

Zip

33328

Country

U.S.

Zip

33328

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~MARTIN, JOSE R~~

~~600 EAST 57TH STREET~~

~~HALEAH FL 33013~~

7. Name and Address of New Registered Agent

Name

Jose R Martin

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

8751 S.W. 51 Place

City

Cooper City

FL

Zip Code  
33328

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DP	Jose R Martin	8751 S.W. 51 Place	Cooper City Fl 33328		

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

President

04/12/00

(954) 434-6885

Date

Daytime Phone #

CR2E034 (9/99)