

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005245

1. Entity Name

J. & S. CLEANING & MAINTENANCE, INC.

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90029 003 ***150.00

Principal Place of Business

8751 S.W. 51 PLACE
FORT LAUDERDALE FL 33328

Mailing Address

8751 S.W. 51 PLACE
FORT LAUDERDALE FL 33328

2. Principal Place of Business

3589 NW 154 Terrace

Suite, Apt. #, etc.

3. Mailing Address

3589 NW 154 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33054

Country

Miami-Dade

Zip

33054

Country

Miami-Dade

4. FEI Number **65-0892860**

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

MARTIN, JOSE R
8751 S.W. 51 PLACE
FORT LAUDERDALE FL 33328

Name **MARTIN, JOSE R.**

Street Address (P.O. Box Number is Not Acceptable)
3589 N.W. 154 Terrace

City

Miami,

FL

Zip Code
33054

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] **President.**

01-31-2001

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, 2001 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 **DP** ☐ Delete
NAME **MARTIA, JOSE R**
STREET ADDRESS **8751 S.W. 51 PLACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33328**

TITLE **DP** ☒ Change ☐ Addition
NAME **MARTIN, JOSE**
STREET ADDRESS **3589 NW 154 Terr.**
CITY-ST-ZIP **Miami, FL. 33054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

01-31-2001

Date

(305) 681-9493

Daytime Phone #

CR2E034 (10/00)