

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009549
 1. Entity Name
HILDA & SIMON'S CLEANING, INC.

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 90216 009 ***150.00

Principal Place of Business Mailing Address
 4261 NW 110TH AVE. 4261 NW 110TH AVE.
 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33076-2130

2. Principal Place of Business 3. Mailing Address
 10801 NW 46 Drive 10801 NW 46 Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Coral Springs FL Coral Springs FL
 Zip Country Zip Country
 FL 33076 Broward 33076 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0896891 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ESCOBAR, HILDA M
 4261 NW 110TH AVE.
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 Name Hilda M Escobar
 Street Address (P.O. Box Number is Not Acceptable)
 10801 NW 46 Drive
 City Coral Springs FL Zip Code 33076

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]* (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. ☐ **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	Hilda Escobar 10801 NW 46 Drive Coral Springs, FL 33076 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tina A. Escobar 3410 NW 21 Street Coconut Creek FL 33066 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* LUIS ESCOBAR Treasurer 4/28/2000 954-724-4141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)