

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1  
5/1

FILED

Jul 05, 2000 8:00 am  
Secretary of State

05-16-2000 90079 004 \*\*\*150.00

DOCUMENT # P99000018746

1. Entity Name

MELITA'S JANITORIAL SERVICE INC.

R

Principal Place of Business

Mailing Address

P.O. BOX 810722  
BOCA RATON FL 33481-0722

P.O. BOX 810722  
BOCA RATON FL 33481-0722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-9897933

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

SOSA, ALVA  
2652 N.E. 5TH AVE.  
BOCA RATON FL 33431

Name

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

City

FL

Zip Code

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 releasing)

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
	OWNER			
	ALVA SOSA	2652 NE 5TH AVE	BOCA RATON, FL 33431	
	N/A			<input type="checkbox"/> Delete
	N/A			<input type="checkbox"/> Delete
	N/A			<input type="checkbox"/> Delete
	N/A			<input type="checkbox"/> Delete
	N/A			<input type="checkbox"/> Delete
	N/A			<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
	N/A				
	N/A			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	N/A			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	N/A			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	N/A			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	N/A			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	N/A			<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 an other like empowered.

SIGNATURE: ALVA SOSA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
Date

561-349-0693  
Daytime Phone #

CR2E034 (9/99)