

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019218

1. Entity Name

IRELAND CLEANING SERVICES, INC.

Principal Place of Business

1523 WEST AVENUE, SUITE 302  
MIAMI BEACH FL 33139

Mailing Address

1523 WEST AVENUE, SUITE 302  
MIAMI BEACH FL 33139-2334

2. Principal Place of Business

1746 Meridian Ave

Suite, Apt. #, etc.

Suite 87

City & State

Miami Beach FL

Zip 33139

Country

None

3. Mailing Address

1746 Meridian Ave

Suite, Apt. #, etc.

Suite 87

City & State

Miami Beach FL

Zip 33139

Country

None



DO NOT WRITE IN THIS SPACE

4. FEI Number

105-0917106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAY HICKS, SHEARL  
1523 WEST AVENUE, SUITE 302  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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 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	D	<input type="checkbox"/> Delete
NAME	RAY HICKS, SHEARL	
STREET ADDRESS	1523 WEST AVENUE, SUITE 302	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90025 037 \*\*\*150.00

4/3/2000