

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P93000022924

1. Entity Name

FIRST PRIORITY PRESSURE CLEANING INC.

FILED
May 12, 2000 8:00 am
Secretary of State

04-17-2000 90130 012 ***150.00

Principal Place of Business Mailing Address
4501 N.W. 11TH TERRACE 4501 N.W. 11TH TERRACE
FORT LAUDERDALE FL 33309-3818 FORT LAUDERDALE FL 33073-4916

2. Principal Place of Business 3. Mailing Address
571 NW 52 ST 571 NW 52 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
Coconut Creek FL Coconut Creek FL
City & State City & State
33073 USA 33073 USA
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 68 0903505 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUIBANO, JORGE A
4501 N.W. 11TH TERRACE
FORT LAUDERDALE FL 33309-3818

7. Name and Address of New Registered Agent

Name: Jorge A. Quibano
Street Address (P.O. Box Number is Not Acceptable)
571 NW 52 ST
Coconut Creek FL
City: 33073 FL Zip Code: 33073

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 use 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORGE QUIBANO		NAME		
STREET ADDRESS	4501 NW 571 NW 52 ST		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X **SIGNATURE REQUIRED** *Jorge Quibano* 4-10-00 954 425-7807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)