

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90390 014 ***150.00

DOCUMENT # P99000033892
1. Entity Name
 B.M. CLEANING SERVICES, INC

Principal Place of Business **Mailing Address**
 1871 West 62 St., # 319 Same
 Hialeah, FL 33012

2. Principal Place of Business same as M.A.		3. Mailing Address Same as M.A.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
 65-0912269

☐ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Beatriz Mompière
 1871 West 62 St., # 319
 Hialeah, FL 33012

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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			
TITLE	P.S.T.D.	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	BEATRIZ MOMPIERE			NAME			
STREET ADDRESS	1871 West 62 St., No. 319			STREET ADDRESS			
CITY-ST-ZIP	Hialeah, FL 33012			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beatriz Mompière* **4/10/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date