

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045926

1. Entity Name

SUMMER'S CLEANING SERVICE, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90197 012 \*\*\*150.00

Principal Place of Business

2320 SUNRISE DR.  
W. PALM BCH FL 33415

Mailing Address

2320 SUNRISE DR.  
W. PALM BCH FL 33415

2. Principal Place of Business

3. Mailing Address

2320 Sunrise DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. P. B

City & State

FL

Zip

33415

Country

U.S.A.

Zip

Country

USA

4. FEI Number 65-0920756

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

AGUILAR, RICHARD  
2320 SUNRISE DR.  
W. PALM BCH FL 33415

Name Esperanza Hernandez

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

2320 Sunrise DR

City

W. Palm Beach FL

Zip Code

33415

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: *Esperanza Hernandez*

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, 2001 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 D ☒ Delete  
NAME AGUILAR, RICHARD  
STREET ADDRESS 2320 SUNRISE DR.  
CITY-ST-ZIP W. PALM BCH FL 33415

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME Esperanza Hernandez  
STREET ADDRESS 2320 Sunrise DR  
CITY-ST-ZIP W. PALM BCH FL 33415

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: *Esperanza Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)