

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050396

1. Entity Name

NIAGARA CLEANING SERVICES, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90013 005 ***550.00

Principal Place of Business

8180 GENEVA COURT
 SUITE B-128
 MIAMI FL 33166

Mailing Address

8180 GENEVA COURT
 SUITE B-128
 MIAMI FL 33166

2. Principal Place of Business

4760 NW 102 Ave

3. Mailing Address

Suite, Apt. #, etc. **Same**
 City & State **AS**

Suite, Apt. #, etc. **207**

City & State **MIAMI FL**

Zip **33178**

Country **USA**

Zip **# 2**

Country

4. FEI Number

65-0924366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Angelica Restrepo**
 4760 NW 102 Ave
 #207
 City **MIAMI FL** **FL** **33178**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	MESA, HECTOR A	
STREET ADDRESS	8180 GENEVA COURT	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	RESTREPO, WILLIAM	
STREET ADDRESS	8180 GENEVA COURT	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RESTREPO, ANGELICA	
STREET ADDRESS	8180 GENEVA COURT	
CITY-ST-ZIP	MIAMI FL 33166	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4760 NW 102 Ave Suite 207	
STREET ADDRESS	Miami FL 33178	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4760 NW 102 Ave Suite 207	
STREET ADDRESS	Miami, FL 33178	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4760 NW 102 Ave Suite 207	
STREET ADDRESS	Miami, FL 33178	
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
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)