

DOCUMENT # P99000050396

1. Entity Name

NIAGARA CLEANING SERVICES, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90007 002 ***150.00

Principal Place of Business

4760 NW 102 AVE
207
MIAMI FL 33178

Mailing Address

4760 NW 102 AVE
207
MIAMI FL 33178

2. Principal Place of Business

8181 NW 36 St

3. Mailing Address

8181 NW 36 St



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

8C

Suite, Apt. #, etc.

8C

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0924366

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, ANGELICA
4760 NW 102 AVE
207
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name Angelica Restrepo

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

8181 NW 36 St

Suite 8C

City

Miami

FL

Zip Code

33166

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

Angelica Restrepo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/01

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

TITLE PD ☐ Delete

NAME MESA, HECTOR A
STREET ADDRESS 8180 GENEVA COURT
CITY-ST-ZIP MIAMI FL 33166

TITLE V ☐ Delete

NAME RESTREPO, WILLIAM
STREET ADDRESS 8180 GENEVA COURT
CITY-ST-ZIP MIAMI FL 33166

TITLE ST ☐ Delete

NAME RESTREPO, ANGELICA
STREET ADDRESS 8180 GENEVA COURT
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (10/00)