

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90365 008 \*\*\*150.00

0266354  
 AV

**DOCUMENT # P99000050396**

1. Entity Name

**NIAGARA CLEANING SERVICES, INC.**

Principal Place of Business

**8181 NW 36TH ST  
 8C  
 MIAMI FL 33166**

Mailing Address

**8181 NW 36TH ST  
 8C  
 MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8181 NW 36th**

3. Mailing Address

**8181 NW 36th**

Suite, Apt. #, etc.

**S-C**

Suite, Apt. #, etc.

**S-C**

City & State

**Miami, FL 33**

City & State

**Miami, FL**

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

**RESTREPO, ANGELICA  
 8181 NW 36TH ST  
 8C  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **Angelica Restrepo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8181 NW 36th Street**  
**Suite # S-C**  
 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

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, 2002 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                 | <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 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    |   |
| 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    |   |
| 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:

*Angelica Restrepo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)