

**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P99000057800**

Entity Name

**SILVANA'S CLEANING SERVICES, INC.****FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90070 047 \*\*\*150.00

Principal Place of Business

**1752 NORTHEAST 51ST STREET**  
**SUITE 6**  
**FT. LAUDERDALE FL 33334**

Mailing Address

**1752 NORTHEAST 51ST STREET**  
**SUITE 6**  
**FT. LAUDERDALE FL 33062-3029****638204**

Principal Place of Business

**2080 NE 24 AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**2080 NE 24 AVE**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**POMPANO BEACH, FL**

City &amp; State

**POMPANO BEACH, FL**

4. FEI Number

**65-0930011**

Applied For

Not Applicable

Zip

**3062**

Country

**USA**

Zip

**33062**

Country

**USA**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

**JULIANA AQUILINO**

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

**3961 N. Federal Hwy****POMPANO BEACH****FL**

Zip Code

**33064**

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

**3/31/00**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, 2000 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

1. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>DOS SANTOS, SILVANA</b>	
STREET ADDRESS	<b>1752 NORTHEAST 51ST STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>	

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		

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		

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: **Handwritten Signature**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/01/2000 954-942-008**