

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060153

1. Entity Name  
ORLIN CLEANING COMPANY, INC.

Principal Place of Business

11631 SW 2ND STREET  
PEMBROKE PINES FL 33025

NEW: 10955 NW 30 PL  
Sunrise #1 33322

Mailing Address

11631 SW 2ND STREET  
PEMBROKE PINES FL 33025-4909

NEW: 10955 NW 30 PL  
Sunrise #1 33322

2. Principal Place of Business

3930 tree top Road  
Suite, Apt. #, etc.

3. Mailing Address

3930 tree top Rd  
Suite, Apt. #, etc.

City & State

Cooper city FL  
Zip FL 33026 Country US

City & State

Cooper city FL  
Zip 33026 Country US

4. FEI Number

59-3505302

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNIVERSAL BUSINESS & ACCOUNTING, INC.  
1995 W. COMMERCIAL BLVD.  
SUITE C  
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name NOFIL \$-NOFIL, PA.  
Street Address (P.O. Box Number is Not Acceptable) 13284 NORTH STATE RD 7  
City LAUDERDALE LAKES FL 33319

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]*

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

954.484.5533 01-27-00

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

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	MENENDEZ, LINA RUIZ	
STREET ADDRESS	11631 SW 2ND STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	MENENDEZ, ORLANDO	
STREET ADDRESS	11631 SW 2ND STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
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	PSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILES, SANDRA PATRICIA	
STREET ADDRESS	10955 NW 30TH PLACE	
CITY-ST-ZIP	SUNRISE, FL 33322	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-00

Date

954.484.5533

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)