

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90001 020 \*\*\*150.00

**DOCUMENT # P99000072838**

1. Entity Name  
**RX CLEANING SERVICES, INC.**

Principal Place of Business  
**5447 N.W. 50TH COURT**  
**COCONUT CREEK FL 33073**

Mailing Address  
**5447 N.W. 50TH COURT**  
**COCONUT CREEK FL 33073**

2. Principal Place of Business  
**2161 N.E. 28th Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 272922**  
 Suite, Apt. #, etc.

City & State  
**Lighthouse Point, Florida**  
 Zip  
**33064**  
 Country  
**USA**

City & State  
**Boca Raton, Florida**  
 Zip  
**33427**  
 Country  
**USA**

4. FEI Number  
**65-0939181**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**HERNANDEZ, LINDA**  
**5447 N.W. 50TH COURT**  
**COCONUT CREEK FL 33073**

## 7. Name and Address of New Registered Agent

Name  
**Tina Schifani**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2161 N.E. 28th Street**  
 City  
**Lighthouse Point** FL Zip Code  
**33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Tina Schifani, Vice-President / Co-owner** DATE **7/14/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HERNANDEZ, LINDA I</b> <b>5447 N.W. 50TH CT.</b> <b>COCONUT CREEK FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hernandez, Linda</b> <b>2161 N.E. 28th Street</b> <b>Lighthouse Point, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Schifani, Tina</b> <b>2161 NE 28th Street</b> <b>Lighthouse Point, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **7/14/02** Daytime Phone # **(561) 756-2055**

CR2E034 (4/02)

**RX** CLEANING  
SERVICES  
INC.

*attachment*

*P9900072838*  
*60130193*

Sunday, July 14, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: FEI # 65-0939181

To Whom It May Concern:

The corporation did not receive the prior notice for this filing fee. I have enclosed check # 1570 in the amount of \$150.00 for the original filing fee. In addition, please update your records to mail all correspondence to the following address:

RX Cleaning, Inc.  
2161 NE 28<sup>th</sup> Street  
Lighthouse Point, Florida 33064

Please call me with any questions.

Sincerely,

*Tina Schifani*

Tina Schifani  
(954) 545-3514  
(561) 756-2055 mobile

JANITORIAL SERVICES  
P.O. Box 272922 ■ Boca Raton, Florida 33427  
Broward: ■ (954) 574-7440