

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91137 020 ***150.00

DOCUMENT # P99000074591

1. Entity Name

E&J CLEANING SERVICES, INC. OF ORLANDO

Principal Place of Business

**2701 W OAKLAND PK BLVD
 215
 FORT LAUDERDALE FL 33311**

Mailing Address

**2701 W OAKLAND PK BLVD
 215
 FORT LAUDERDALE FL 33311**

2. Principal Place of Business

**6151 MIRAMAR PKWY
 Suite, Apt. #, etc. 330**

3. Mailing Address

**6151 MIRAMAR PKWY
 Suite, Apt. #, etc. 330**

City & State

**MIRAMAR FL
 Zip 33023 Country BROWARD**

City & State

**MIRAMAR FL
 Zip 33023 Country BROWARD**

4. FEI Number

59-3594581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RICHARD, ELIE
 10505 SW 13 COURT
 PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 **D** ☐ Delete
 NAME **SINEUS, JEAN C**
 STREET ADDRESS **13962 MAGNOLIA GLEN CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ Delete
 NAME **RICHARD, ELIE**
 STREET ADDRESS **1505 SW 13 COURT (10505)**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 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
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 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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 954.731-0606

CR2E034 (9/01)