

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90414 005 ***150.00

DOCUMENT # P99000081723

1. Entity Name

CLEAN BRITE OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

6715 NW 70TH AVENUE
TAMARAC FL 33321

6715 NW 70TH AVENUE
TAMARAC FL 33321

2. Principal Place of Business

2952 NW 99 TERR

3. Mailing Address

P.O BOX 100734

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

FORT LAUDERDALE FL

Zip

Country

33322

USA

Zip

Country

33310

USA

4. FEI Number

65-0947751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEM, PABLO
2221 NW 56 AVENUE
LAUDERHILL FL 33313

Name

ALEM PABLO

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

5600 LAKEWOOD CIR UNIT D

City

MARGATE

FL

Zip Code

33063

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ALEM, PABLO
STREET ADDRESS 6715 NW 70TH AVENUE
CITY-ST-ZIP TAMARAC FL 33321

TITLE P ☒ Change ☐ Addition
NAME ALEM PABLO
STREET ADDRESS 5600 LAKEWOOD CIR UNIT D
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☐ Delete
NAME LOPEZ, ANTONIO
STREET ADDRESS 6715 NW 70TH AVENUE
CITY-ST-ZIP TAMARAC FL 33321

TITLE VP ☒ Change ☐ Addition
NAME LOPEZ ANTONIO
STREET ADDRESS 2952 NW 99 TERR
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

PABLO ALON

4-22-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)