2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000089388**

Country

HIRSCHMAN, CHERIE

100 N.W. 133RD RD. PLANTATION FL 33325

9. This corporation is eligible to satisfy its Intangible

HIRSCHMAN, CHERIE

100 N.W. 133RD RD.

PLANTATION FL 33325

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

TITLE

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

INSIDE & OUT ONE STOP JANITORIAL & MAINTENANCE S

I. Principal Place of Business Mailing Address 100 N.W. 133RD RD. 100 N.W. 133RD RD. PLANTATION FL 33325 PLANTATION FL 33325-2667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

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NAME STREET ADDRESS

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NAME

STREET ADDRESS

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CITY-ST-7IP

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STREET ADDRESS

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CITY-ST-ZIP

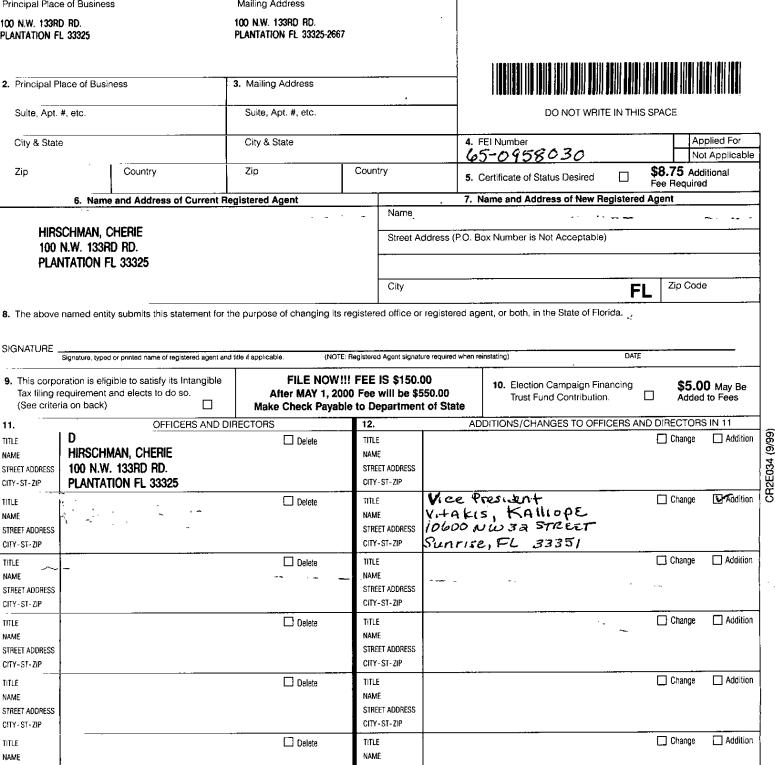
CITY-ST-ZIP

Name

City

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90122 040 ***150.00



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 attachma

CITY-ST-ZIP

SIGNATURE: