

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90723 023 ***150.00

DOCUMENT # P99000092320

1. Entity Name
ADVANCE JANITORIAL & FLOOR RESTORATION SERVICES, INC.



Principal Place of Business
**315 SW 194 AVENUE
PEMBROKE PINES FL 33029**

Mailing Address
**315 SW 194 AVENUE
PEMBROKE PINES FL 33029**

2. Principal Place of Business

17522 NW 12 ST

3. Mailing Address

17522 NW 12 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines FL

Zip
33029

Country
US

City & State
Pembroke Pines FL

Zip
33029

Country
US

4. FEI Number **65-0955806**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**URQUIZA, JESUS
315 SW 194 AVE
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name **URQUIZA, JESUS**

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

17522 N.W. 12 ST

City **Pembroke Pines** FL Zip Code **33029**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RUBIO, TAMARA H**
STREET ADDRESS **315 SW 194 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **VP** ☐ Delete
NAME **URQUIZA, JESUS**
STREET ADDRESS **315 SW 194 AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **RUBIO, TAMARA M**
STREET ADDRESS **17522 NW 12 ST**
CITY-ST-ZIP **Pembroke Pines FL 33029**

TITLE **VP** ☒ Change ☐ Addition
NAME **URQUIZA JESUS**
STREET ADDRESS **17522 NW 12 ST**
CITY-ST-ZIP **Pembroke Pines FL 33029**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

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

Date Daytime Phone #

CR2E034 (10/02)