

2000 UNIFORM BUSINESS REPORT (UBR)

0186056

DOCUMENT # P99000095894

1. Entity Name

EEMEEZ CLEANING SERVICES INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 30 PM 5:17

Principal Place of Business

Mailing Address

P.O. BOX 160364
MIAMI FL 33116

P.O. BOX 160364
MIAMI FL 33116-0364

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0979163

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

IRIZARRY, MARA C
14333 SW 107TH TERRACE
MIAMI FL 33186

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, 2000 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 PD
NAME IRIZARRY, MARA C
STREET ADDRESS 14333 SW 107TH TERRACE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE PD
NAME CANFUX, EMMANUEL
STREET ADDRESS 14333 SW 107TH TERRACE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900003656509--2
-02/08/01--01002--004
****300.00 ****300.00

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-00 305 398-6606

CR2E034 (9/99)

12-20-2000

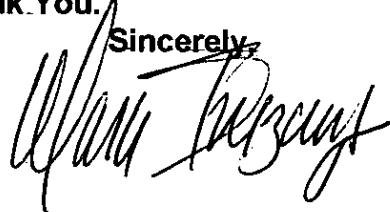
To whom it may concern:

I am writing in respond of this form. I explained to your office I was not aware of this form. I suffered a accident and it had me incapable of performing any work. So, I was not aware of my papers or requirements in this state. of disability that I found myself. I was not aware that I had to fill out this nor that my corporate was not active.

Please I beg of you in this matter, for a waiver so I could start all over again.

Thank You.

Sincerely,

A handwritten signature in black ink, appearing to read "William Bergant", written over the word "Sincerely,".