

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jul 05, 2000 8:00 am  
Secretary of State

05-17-2000 90946 047 \*\*\*150.00

DOCUMENT # P99000100735

1. Entity Name

SUSIE YOUNG CLEANING SERVICE, INC.

R

Principal Place of Business

Mailing Address

P. O. BOX 693392  
MIAMI FL 33269

P. O. BOX 693392  
MIAMI FL 33269-0392

2. Principal Place of Business

3. Mailing Address

600 N.W. 214th St

P.O. Box 693392

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#203

City & State

Miami FL

Zip

33169

Country

Dade

City & State

Miami FL

Zip

33169

Country

Dade

4. FEI Number

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

YOUNG, SUSIE

600 NW 214TH ST., #203

N. MIAMI FL 33169

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) ☐

**FREE 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 Vice President  
NAME Roy YOUNG  
STREET ADDRESS 2851 Griffin R.  
CITY-ST-ZIP Ft. Lauderdale FL 33312

☐ Delete

TITLE Treasurer  
NAME Karen YOUNG  
STREET ADDRESS 614 S.W. 79th Ave  
CITY-ST-ZIP N. Lauderdale FL 33068

☐ Delete

TITLE Secretary  
NAME Ghylea Y. Young  
STREET ADDRESS P.O. Box 693392  
CITY-ST-ZIP Miami, FL 33269

☐ 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

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

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:

SUSIE YOUNG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00-305-654-9847

Date

Daytime Phone

CR2E034 (9/99)