

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101735

1. Entity Name

AMI CLEANING INTERPRICES, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90233 027 ***150.00

Principal Place of Business

Mailing Address

7970 S.W. 26TH STREET
 MIAMI FL 33155

7970 S.W. 26TH STREET
 MIAMI FL 33155

552723



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6555 NW 36 ST

SAME?

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#221

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33166

4. FEI Number

65-0966395

☒ 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

JUSTO, AMPARO MUNOZ
 7970 S.W. 26TH STREET
 MIAMI FL 33155

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.

(NOT)

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 PSTD
 NAME JUSTO, AMPARO MUNOZ
 STREET ADDRESS 7970 S.W. 26TH STREET
 CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
 NAME Justo Amparo Munoz ☒ Change ☐ Addition
 STREET ADDRESS 6555 NW 36 ST # 221
 CITY-ST-ZIP Miami FL 33166

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-11-05- 786-265-0996

Date

Daytime Phone #

CR2E034 (10/00)