

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106744

1. Entity Name
NATALIE'S CLEANING CORP.

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90039 010 ***158.75

Principal Place of Business
**12483 BEACONTREE WAY
ORLANDO FL 32837**

Mailing Address
**12483 BEACONTREE WAY
ORLANDO FL 32837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
350 LINCOLN Rd Suite 412
Suite, Apt. #, etc.
City & State

3. Mailing Address
350 LINCOLN Rd Suite 412
Suite, Apt. #, etc.
MIAMI Beach, FL
City & State

Zip Country
33139

4. FEI Number
59-3614914
Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAEZ, RAMON A
12483 BEACONTREE WAY
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

President
TITLE ☐ Delete
NAME **RAMON A. BAEZ**
STREET ADDRESS **7601 E. Treasure Dr. Apt. 906**
CITY-ST-ZIP **North Bay Village, FL 33141**

TITLE ☐ Delete
NAME **MORAIMA C. BAEZ**
STREET ADDRESS **12483 Beacontree Way**
CITY-ST-ZIP **ORLANDO, FL 32837**
TREASURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 **Ramon A. Baez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00 **305-534-5152**
Date Daytime Phone #

CR2E034 (9/99)