

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90143 024 \*\*\*150.00

**DOCUMENT # S31447**

1. Entity Name  
**APEX PROFESSIONAL CARPET & UPHOLSTERY CLEANING SERVICES INC.**



Principal Place of Business  
**12717 W SUNRISE BLVD**  
**207**  
**SUNRISE FL 33323**  
**US**

Mailing Address  
**12717 W SUNRISE BLVD**  
**207**  
**SUNRISE FL 33323**  
**US**

2. Principal Place of Business  
**1112 Weston Rd.**  
Suite, Apt. #, etc.  
**312**

3. Mailing Address  
**1112 Weston Rd.**  
Suite, Apt. #, etc.  
**312**

City & State  
**Weston, FL**  
Zip  
**33326** Country  
**U.S.A.**

City & State  
**Weston, FL**  
Zip  
**33326** Country  
**U.S.A.**

4. FEI Number **59-3053638**

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

**BAUTISTA, HENRY**  
**1457 MARTINIQUE COURT**  
**5603**  
**WESTON FL 33326**

## 7. Name and Address of New Registered Agent

Name **Henry Bautista**  
Street Address (P.O. Box Number is Not Acceptable)  
**16355 Malibu Drive**  
City **Weston** **FL** Zip Code **33326**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Henry Bautista, President 1/28/03**

**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 **P** ☐ Delete  
NAME **BAUTISTA, HENRY**  
STREET ADDRESS **1457 MARTINIQUE CT 5603**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE **V** ☐ Delete  
NAME **SANDOVAL, CESAR**  
STREET ADDRESS **671 E 8 STREET**  
CITY-ST-ZIP **HIALEAH FL 33010**

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

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

TITLE ☐ Change ☐ Addition  
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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 another like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**Henry Bautista, President 1/28/03 (954) 981-2737**

CR2E034 (10/02)