

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V37653

1. Entity Name

SUN CLEANING, INC.



**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90056 001 \*\*\*450.00

Principal Place of Business

3924 NW 73 AVE  
CORAL SPRINGS FL 33065  
US

Mailing Address

3924 NW 73 AVE  
CORAL SPRINGS FL 33065  
US

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 65-0329727

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

COQUIS, MARIO  
3924 NW 73 AVE  
CORAL SPRINGS FL 33065

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 V ☐ Delete  
NAME COQUIS, DAFNE  
STREET ADDRESS 3924 NW 73 AVE  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE P ☐ Delete  
NAME COQUIS, MARIO  
STREET ADDRESS 3924 NW 73 AVE  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE VP ☐ Delete  
NAME COQUIS, RODNEY  
STREET ADDRESS 3924 N.W. 73RD AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ORIGINAL FILED

DOC # 137653

# J. Rosa & Associates, Inc.

7310 W. McNab Rd. Ste. 209  
Tamarac, FL 33321  
Telephone (305) 724-8310  
Fax (305) 724-8312

September 10, 2000

FLORIDA DEPT OF STATE  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Re: SUN CLEANING, INC. DOC #37653  
CAMPOS TRUCKING, INC. DOC #P99000025530  
COVENANT SALES, INC. DOC #P99000040393

DEAR SIR/MADAM,

ENCLOSED PLEASE FIND COPIES OF THE ANNUAL REPORTS SENT ON APRIL 14<sup>TH</sup>, 2000. ALSO FIND A COPY OF THE CHECK THAT HAS NOT CLEARED OUR BANK. ACCORDING TO YOUR WEBSITE THESE REPORTS WERE NEVER RECEIVED. I HAVE PLACED A STOP PAYMENT ON THE CHECK AND I AM REISSUING A NEW CHECK. PLEASE ADVISE IF YOU NEED ANY OTHER INFORMATION:

THANK YOU IN ADVANCE FOR YOUR COOPERATION, WE APOLOGIZE. FOR ANY INCONVENIENCE WE MAY HAVE CAUSED, WE WILL MAKE SURE THIS WILL NOT HAPPEN AGAIN.

CORDIALLY,



JENNIE ROSA-PASCUCCI, FOR THE FIRM

# 2000 UNIFORM BUSINESS REPORT (UBR)

016842

DOCUMENT # V37653

1. Entity Name  
**SUN CLEANING, INC.**

Principal Place of Business

3924 NW 73 AVE  
CORAL SPRINGS FL 33065  
US

Mailing Address

3924 NW 73 AVE  
CORAL SPRINGS FL 33065-2140  
US

Attachment



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0329727** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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**COQUIS, MARIO**  
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7. Name and Address of New Registered Agent

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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

TITLE	V	<input type="checkbox"/> Delete
NAME	COQUIS, DAFNE	
STREET ADDRESS	3924 NW 73 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	COQUIS, MARIO	
STREET ADDRESS	3924 NW 73 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COQUIS, RODNEY	
STREET ADDRESS	3924 N.W. 73RD AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			
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CITY-ST-ZIP			

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 2550070

CR2E034 (9/99)