

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90287 023 \*\*\*150.00

**DOCUMENT # P98000052700**

1. Entity Name

**NORSOL JANITORIAL SERVICES, INC.**

Principal Place of Business

45 NE 152ND STREET  
 NORTH MIAMI BEACH FL 33162

Mailing Address

45 NE 152ND STREET  
 NORTH MIAMI BEACH FL 33162-4246

2. Principal Place of Business

6985 W. 5 CT.

Suite, Apt. #, etc.

3. Mailing Address

6985 W. 5 CT.

Suite, Apt. #, etc.

City & State

HIALTEAH, FL.

Zip

33014

Country

USA

City & State

HIALTEAH, FL.

Zip

33014

Country

USA

4. FEI Number

65-0846616

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MENDOZA, ODILIO  
 45 NE 152ND STREET  
 NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

MENDOZA, ODILIO

Street Address (P.O. Box Number is Not Acceptable)

6985 W. 5 CT.

City

HIALTEAH,

FL

Zip Code

33014

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 \$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	D	<input type="checkbox"/> Delete
NAME	MENDOZA, ODILIO	
STREET ADDRESS	45 NE 152ND STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUAREZ, NORMA E	
STREET ADDRESS	45 NE 152ND STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDOZA, ODILIO	
STREET ADDRESS	6985 W. 5 CT.	
CITY-ST-ZIP	HIALTEAH, FL. 33014	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAREZ, NORMA E.	
STREET ADDRESS	6985 W. 5 CT.	
CITY-ST-ZIP	HIALTEAH, FL. 33014	
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
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000  
 Date

(305) 512-4102  
 Daytime Phone #

CR05024 (9/99)