


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90109 036 ***150.00

DOCUMENT # M17820
1. Entity Name
CLEARVIEW CLEANING CONT. OF BROWARCO INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10440 SW 42ST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 16815
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVIE FL

City & State
PLANTATION FL

Zip
33314

Country
USA

Zip
33318

Country
USA

4. FEI Number
59-2621722

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MAXINE DORN

Street Address (P.O. Box Number is Not Acceptable)
10404 NW 5 ST

City
PLANTATION **FL** Zip Code
33324

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 Maxine Dorn (NOTE: Registered Agent signature required when reinstating) DATE 3-18-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>MAXINE DORN</u> <u>10404 NW 5 ST</u> <u>PLANTATION FL 33324</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Maxine Dorn DATE 3-14-03 DAYTIME PHONE # 954-452-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)