

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90093 050 \*\*\*150.00

**DOCUMENT # P01000020710**

1. Entity Name  
**GLOBAL CLEANING CONCEPT INC.**

Principal Place of Business  
**6873 NW 173 DR STE 104**  
**MIAMI FL 33015**

Mailing Address  
**6873 NW 173 DR STE 104**  
**MIAMI FL 33015**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4995 NW 79 AVE**  
 Suite, Apt. #, etc.  
**# 107**

3. Mailing Address  
**4995 NW 79 AVE**  
 Suite, Apt. #, etc.  
**107**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-1081271**

Applied For  
 Not Applicable

Zip  
**33166**

Country  
**Dade**

Zip  
**33166**

Country  
**Dade**

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

**VELASQUEZ, JAVIER**  
**6873 NW 173 DR STE 104**  
**MIAMI FL 33015**

**I**

Name  
**VELASQUEZ, JAVIER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4995 NW 79 AVE # 107**  
 City  
**Miami** **FL** Zip Code  
**33166**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PTD <b>VELASQUEZ, JAVIER A</b> STREET ADDRESS <b>6873 NW 173 DR STE 104</b> CITY-ST-ZIP <b>MIAMI FL 33015</b>		

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

**4/10/02 (305) 4681500**

Date Daytime Phone #

CR2E034 (9/01)