

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90202 041 ***550.00

0281569 AV

DOCUMENT # **P01000020710**

1. Entity Name
GLOBAL CLEANING CONCEPT INC.



Principal Place of Business
4995 NW 79 AVENUE
#107
MIAMI FL 33166

Mailing Address
4995 NW 79 AVENUE
#107
MIAMI FL 33166



2. Principal Place of Business
5695 NW 84 Ave
Suite, Apt. #, etc.

3. Mailing Address
5695 NW 84 Ave
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number **65-1081271**

Applied For
 Not Applicable

Zip **3356** 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
4995 NW 79 AVENUE
#107
MIAMI FL 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Javier Velosquez**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 - **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	VELASQUEZ, JAVIER A	
STREET ADDRESS	8873 NW 173 DR STE 104	
CITY-ST-ZIP	MIAMI FL 33015	
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		

TITLE	PTD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELASQUEZ, JAVIER A.	
STREET ADDRESS	17600 NW 73 Ave #100	
CITY-ST-ZIP	MIAMI FL 33015	
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		

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 all other like empowered.

SIGNATURE: **JAVIER VELASQUEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-03

Date

305 8286466

Daytime Phone #

CR2E034 (10/02)