

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90116 047 \*\*\*150.00

DOCUMENT # PO1000112472 ✓

1. Entity Name

Dakony's Cleaning and Maintenance, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

862 NE 209 st

3. Mailing Address

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

City State

Miami FL

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155364

Applied For

Not Applicable

Zip

33179

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Daniel R. Sanchez

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

862 NE 209 st apt 104

City

Miami

FL

Zip Code

33179

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

04/20/2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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     | NAME               | STREET ADDRESS          | CITY-ST-ZIP     |
|-----------|--------------------|-------------------------|-----------------|
| President | Daniel R. Sanchez  | 862 NE 209 st. apt 104  | Miami, FL 33179 |
| Director  | Orlando E. Alvarez | 862 NE 209 st. apt. 104 | Miami, FL 33179 |
| TITLE     | NAME               | STREET ADDRESS          | CITY-ST-ZIP     |
| TITLE     | NAME               | STREET ADDRESS          | CITY-ST-ZIP     |
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| TITLE     | NAME               | STREET ADDRESS          | CITY-ST-ZIP     |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.67(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 on an attachment with an address, which other I am empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2002

DATE

(786) 229 6136

Daytime Phone #

CR2E034B (12/01)