

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 28 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000014113

1. Entity Name

JC HOUSECLEANING CORPORATION



DO NOT WRITE IN THIS SPACE

700011129147
01/28/03--01040--023 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5028 MILLENIA BLVD.

3. Mailing Address
5028 MILLENIA BLVD.

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.
201

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
04-3599292

Applied For
Not Applicable

Zip
32839

Country

Zip
32839

Country

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
CLAUDIA B. VIEIRA

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

5028 MILLENIA BLVD., APT. 201

City
ORLANDO

FL

Zip Code
32839

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
DP
CLAUDIA B. VIEIRA
5028 MILLENIA BLVD. APT. 201
ORLANDO FL 32839 ORLANDO FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
JOAO R. VIEIRA
5028 MILLENIA BLVD., APT. 201
ORLANDO FL 32839 ORLANDO FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/03 (407)2645461
Date Daytime Phone #