


FILED

03 MAY 23 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000101329</b>			
1. Entity Name <b>THE CLEANING CREW OF M&amp;S CORP.</b>			
Principal Place of Business 325 NTH 63RD AVENUE HOLLYWOOD, FL 33024		Mailing Address 325 NTH 63RD AVENUE HOLLYWOOD, FL 33024	
2. Principal Place of Business 1893 S. Ocean Drive Suite, Apt. #, etc. 502		3. Mailing Address 1893 S. Ocean Drive Suite, Apt. #, etc. 502	
City & State Hallandale Beach, FL		City & State Hallandale Beach, FL	
Zip 33009		Country Puerto Rico	
4. FEI Number 30-0108259		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUENTES, MISHEL R 325 NTH 63RD AVENUE HOLLYWOOD, FL 33024		7. Name and Address of New Registered Agent Name <u>Sandra Guevarez</u> Street Address (P.O. Box Number is Not Acceptable) <u>1893 S. Ocean Drive, 502</u> City <u>Hallandale Beach</u> FL Zip Code <u>33009</u>	
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: <u>Sandra Guevarez</u> DATE: <u>5-19-03</u> <small>Signature: typed or printed name of registered agent and date of application. (NOTE: Registered Agent's signature required when missing)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUENTES, MISHEL R 325 NTH 63RD AVE HOLLYWOOD, FL 33302024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sandra Guevarez 1893 S. Ocean Drive, 502 Hallandale Beach, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 90001985002 05/23/03--01079--005 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sandra Guevarez</u>		DATE: <u>5-19-03</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (10/02)

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