2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2004 8:00 am
Secretary of State
05-06-2004 90182 016 ***150.00

66427173

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000067606
1. Entity Name FEI# 65-0519900
Dz 5 general Cleaning Corp.

Principal Place of Business: SANDRA ROMAN
Mailing Address: 13444 SW 152 Lane #1703 MIAMI-FL 33177

2. Principal Place of Business	3. Mailing Address
SANDRA-ROMAN	13444 SW 152 Lane
Suite, Apt. #, etc. 1703	Suite, Apt. #, etc. 1703
City & State	City & State MIAMI-FL
Zip / Country	Zip 33177 / Country

4. FEI Number 65-0519900 ☐ Applied For ☐ Not Applicable

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
13444 SW 152 Lane #1703 MIAMI FL 33177	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.

SIGNATURE [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANDRA ROMAN 13444 SW 152 Lane #1703 MIAMI FL 33177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dz 5 general Cleaning Corp. 13444 SW 152 Lane #1703 MIAMI-FL 33177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 4-30-04 Celular 305-305-3842 Hom 305-259-8379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #