FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90741 047 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050685

1. Entity Name
B & J CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
20950 SW 232 ST MIAMI, FL 33170 US	PO BOX 665121 MIAMI, FL 33265 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
24401 SW 182 Ave			
Suite, Apt. #, etc. Miami FL		Suite, Apt. #, etc. PO Box 655121	
City & State		City & State Miami FL	
Zip 33031	Country USA	Zip 33265	Country USA

4. FEI Number 65-0679229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NATHANIEL, BARBARA S
20950 SW 232 STREET
MIAMI, FL 33170

7. Name and Address of New Registered Agent

Name Barbara Nathaniel

Street Address (P.O. Box Number Is Not Acceptable)
24401 SW 182 Ave

City Miami FL Zip Code 33031

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 Barbara Nathaniel 4/28/03
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 Trust Fund Contribution. ☐ **$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	PST NATHANIEL, BARBARA S ~~20950 SW 232 ST~~ ~~MIAMI, FL 33170~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	24401 SW 182 Ave Miami FL 33031	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Barbara Nathaniel, President 4/28/03 305-225-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BARBARA NATHANIEL