2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90030 044 ***150.00

DOCUMENT # P96000056525

1. Entity Name

STAR CLEANING USA, INC.

Principal Place of Business	Mailing Address
8848 N.W. 112TH TERRACE HIALEAH GARDENS FL 33016	9810 NEW 80 AVE BAY 8T HIALEAH GARDENS FL 33016 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9810 NW 80 Ave	9810 NW 80 Ave
Suite, Apt. #, etc.: Bay 8T	Suite, Apt. #, etc.: Bay 8T
City & State: Hialeah Gardens, Fl	City & State: Hialeah Gardens, Fl
Zip: 33016 Country: US	Zip: 33016 Country: US

4. FEI Number: 65-0684451 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, ENRIQUE
8848 N.W. 112TH TERRACE
HIALEAH GARDENS FL 33019

7. Name and Address of New Registered Agent

Name: ENRIQUE GONZALEZ
Street Address (P.O. Box Number is Not Acceptable): 12650 NW 33ST
City: Miramar, Fl **FL** Zip Code: 33027

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: Enrique Gonzalez 3/29/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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	S GONZALEZ, MARISABEL 8848 NW 112 TERR HIALEAH GARDENS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GONZALEZ MARISABEL 12650 NW 33ST MIRAMAR, FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: 3/29/00 (305) 512-3525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #