## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 13, 2001 8:00 am Secretary of State DOCUMENT # **P98000000773** 07-13-2001 90006 031 \*\*\*150.00 CITY CLEANING, INC. Principal Place of Business Mailing Address 16617 WATERS EDGE DRIVE 16617 WATERS EDGE DRIVE WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0835898 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANFIELD, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 16617 WATER EDGE DRIVE WESTON FL 33326 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing. \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1: 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STPD TITLE ☐ Delete TITI F Change ☐ Addition CANFIELD, MICHAEL D NAME NAME STREET ADDRESS 16617 WATER EDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

OF DIRECTOR

Assochment

MATIPA 2000000 A73

## CITY CLEANING, INC.

P.O. Box 127300 • MIAMI, FL 33012-1621 TELEPHONE: (305) 774x6131x 558-1337

Date: 7/10/01

Dear Sir:

As a result of my conversation with your office today, sending this letter explaining that the reason I am filing late, is due to my not remembering to send the original notice sent to my office earlier this year.

I hope this enclosed check will be sufficient, for this years filing, and I appreciate your kindness and consideration.

Mike Canfield

President

President