

2000 UNIFORM BUSINESS REPORT (UBR)

4)

DOCUMENT # P99000022924

1. Entity Name

FIRST PRIORITY PRESSURE CLEANING INC.

FILED
May 12, 2000 8:00 am
Secretary of State

04-17-2000 90130 012 ***150.00

Principal Place of Business Mailing Address
 4501 N.W. 11TH TERRACE 4501 N.W. 11TH TERRACE
 FORT LAUDERDALE FL 33309-3818 FORT LAUDERDALE FL 33073-4916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 571 NW 52 ST 571 NW 52 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Coconut Creek FL Coconut Creek FL
 City & State City & State
 33073 USA 33073 USA
 Zip Country Zip Country

4. FEI Number Applied For
 68 0903505 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 QUIBANO, JORGE A
 4501 N.W. 11TH TERRACE
 FORT LAUDERDALE FL 33309-3818

7. Name and Address of New Registered Agent
 Name: Jorge A Quibano
 Street Address (P.O. Box Number is Not Acceptable):
571 NW 52 ST
Coconut Creek FL
 City: 33073 FL Zip Code: 33073

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 use 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

TITLE	<u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>JORGE QUIBANO</u>	
STREET ADDRESS	<u>4501 NW 571 NW 52 ST</u>	
CITY-ST-ZIP	<u>COCONUT CREEK FL 33073</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X Jorge Quibano Date: 4-10-00 Daytime Phone #: 954 425-7807

CR2E034 (9/99)