2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P98000044884 1. Entity Name **GUZRU CLEANING SERVICE, INC.** 05-14-2001 90049 008 ***150.00 Mailing Address Principal Place of Business 3608 S.W. 112TH AVENUE 3608 S.W. 112TH AVENUE UNIT 7-2 UNIT 7-2 MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0841250 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUZMAN, EDUARDO J Street Address (P.O. Box Number is Not Acceptable) 3608 S.W. 112TH AVENUE **UNIT 7-2 MIAMI FL 33165** Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE GUZMAN, EDUARDO J NAMÉ NAME STREET ADDRESS 3608 S.W. 112TH AVENUE, UNIT 7-2 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33165** ☐ Addition ☐ Change ☐ Delete TITLE TITLE RUGAMA, MARIA E NAME NAME 3608 S.W. 112TH AVENUE, UNIT 7-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Dêletê - Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with the 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 reportify 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 thister 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 attachment with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO