

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90624 006 ***150.00

DOCUMENT # P97000076471

1. Entity Name

POWER CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

**760 SOUTHEAST 2ND AVE
 SUITE G100
 DEERFIELD BEACH FL 33441**

**760 SOUTHEAST 2ND AVE
 SUITE G100
 DEERFIELD BEACH FL 33441**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 NE 42 CT

3. Mailing Address

1400 NE 42 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

Zip

33064

Country

4. FEI Number

65-0779060

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVEIRA, GLEISSON

**760 SE 2 AVE
 DEERFIELD BEACH FL 33441**

Name

Street Address (P.O. Box Number is Not Acceptable)

1400 NE 42 CT

City

POMPANO BEACH FL

Zip Code

33064

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, typewritten 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, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	OLIVEIRA, GLEISSON M	
STREET ADDRESS	760 SOUTHEAST 2ND AVE, STE G100	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	OLIVEIRA, LUCIENNE	
STREET ADDRESS	760 SE 2 AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1400 NE 42 CT	
STREET ADDRESS	POMPANO BEACH, FL 33064	
CITY-ST-ZIP	33064	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1400 NE 42 CT.	
STREET ADDRESS	POMPANO BEACH, FL 33064	
CITY-ST-ZIP	33064	
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		

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I changed, or on an attachment with an address, with authority like empowered.

SIGNATURE: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (954) 943-7058