

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90251 007 ***150.00

DOCUMENT # P02000090188

1. Entity Name
HEAVEN SCENT CLEANING SERVICES INC.



Principal Place of Business
6925 WEST 4TH COURT
HIALEAH FL 33014

Mailing Address
6925 WEST 4TH COURT
HIALEAH FL 33014

2. Principal Place of Business
1669-BW, 39 PL
Suite, Apt. #, etc.

3. Mailing Address
6969 Collins Avenue
Suite, Apt. #, etc.
608

City & State
HIALEAH FL

City & State
Miami Beach, FL

Zip Country
33012 USA

Zip Country
33141 USA

4. FEI Number
51-0429230

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WAKEMAN, MARIA C
6925 WEST 4TH COURT
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name
WAKEMAN, MARIA C
Street Address (P.O. Box Number is Not Acceptable)
6969 Collins Avenue APT #608
City
Miami Beach FL Zip Code
33141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

~~After May 1, 2003 Fee will be \$550.00~~

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WAKEMAN, MARIA C	
STREET ADDRESS	6925 WEST 4TH COURT	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	V	<input type="checkbox"/> Delete
NAME	WAKEMAN, CHARLES J SR.	
STREET ADDRESS	6925 WEST 4TH COURT	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	S	<input type="checkbox"/> Delete
NAME	WAKEMAN, CHARLES J JR.	
STREET ADDRESS	6925 WEST 4TH COURT	
CITY-ST-ZIP	HIALEAH FL 33014	
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 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria C Wakeman REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 786 255 4524
Date Daytime Phone #

CR2E034 (10/02)