

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0007176 AT

DOCUMENT # A01000000630

1. Entity Name

KIM & LEE CLEANING, LTD.

02 APR -3 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
111 CRYSTAL LAKE LANE  
VALPARAISO FL 32580

Mailing Address  
111 CRYSTAL LAKE LANE  
VALPARAISO FL 32580



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

FRIEDSBERG, EUNJOO L  
2051 JESSICA WAY  
NAVARRE FL 32566

Name FANION, CHON S.

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

111 Crystal Lake Ln

City Valparaiso

FL

Zip Code 32580

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 X *Chon S. Fanning*  
Signature, typed or printed name of registered agent and title if applicable.

3-25-02  
DATE

9. Capital Contributions  
as Shown on record.

\$2,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME FANION, CHON S  
STREET ADDRESS 111 CRYSTAL LAKE LANE  
CITY-ST-ZIP VALPARAISO FL 32580

STREET ADDRESS  
CITY-ST-ZIP  
000005257510--7  
-04/12/02--01061--001  
\*\*\*\*141.25 \*\*\*\*141.25

DOCUMENT #  
NAME SALAZAR, UN S  
STREET ADDRESS 647 WILDWOOD  
CITY-ST-ZIP MARY ESTHER FL 32569

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X *Chon S. Fanning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-25-02

Date Daytime Phone #

CR2E003 (9/01)