2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90021 035 ***150.00 **DOCUMENT # F62905** 1. Entity Name TRULY CLEAN ENTERPRISE, INC. Principal Place of Business Mailing Address % DIDERICO DALY % DIDERICO DALY 809 SEVILLA 809 SEVILLA CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2153612 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 ر دخوش حدد درد DALY, DIDERICO Street Address (P.O. Box Number is Not Acceptable) 809 SEVILLA **CORAL GABLES FL 33134** City Zip Code 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change PTD ☐ Delete TITLE NAME NAME DALY, DEDERICO STREET ADDRESS STREET ADDRESS 809 SEVILLA CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** ☐ Change Addition ☐ Delete TITLE DALY, LOURDES NAME STREET ADDRESS STREET ADDRESS 809 SEVILLA CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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