AMENDED

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 JUL 18 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001768

1. Entity Name
COSMOS CLEANING CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3000 Grapevine Mills Pkwy	3000 Grapevine Mills Pkwy
Suite, Apt. #, etc. LB 1098	Suite, Apt. #, etc. LB 1098
City & State Grapevine TX	City & State Grapevine, TX
Zip 76051 Country USA	Zip 76051 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1522869 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of ~~Current~~ New Registered Agent

Name: BENOIT, THOMAS

Street Address (P.O. Box Number is Not Acceptable): 10145 Ramblewood Dr.

City: Coral Springs FL Zip Code: 33071

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] 06.07.02
Signature, typed 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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PCD
NAME	Chavez, Rafael A.
STREET ADDRESS	412 Harrington Ln
CITY-ST-ZIP	Euless, TX 76039
TITLE	VP
NAME	Chavez, Eduardo P.
STREET ADDRESS	9703 Botsford Rd.
CITY-ST-ZIP	Manassas, VA 22109
TITLE	S
NAME	Benoit, Thomas
STREET ADDRESS	10145 Ramblewood Dr.
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	
NAME	Chavez, Sara
STREET ADDRESS	13451 Nystrom Ct.
CITY-ST-ZIP	Woodbridge, VA 22193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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TITLE	600006663096
NAME	-07/25/02--01048--007
STREET ADDRESS	*****61.25 *****61.25
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TITLE	**IN THIS SPACE**
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CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 06.06.2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #