

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90115 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000001768 1. Entity Name COSMOS CLEANING CO., INC.						80033389	
Principal Place of Business 3000 GRAPEVINE MILLS PKWY LB #1098 GRAPEVINE, TX 76051				Mailing Address 3000 GRAPEVINE MILLS PKWY LB #1098 GRAPEVINE, TX 76051			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 54-1522869				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent Benoit, Thomas 10145 RAMBLEWOOD DR CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name <u>Benoit, Thomas</u> Street Address (P.O. Box Number is Not Acceptable) <u>10145 Ramblewood Dr.</u> City <u>Coral Springs</u> FL Zip Code <u>33071</u>			
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 <u>Thomas Benoit (Sec.)</u> DATE <u>02.13.03</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents' signatures required when electing.)							
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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition			
PCD CHAVEZ, RAFAEL A 412 HARRINGTON LN EULESS, TX 76039				VD CHAVEZ, EDUARDO P 9703 BOTSFORD RD MANASSAS, VA 22109			
S BENOIT, THOMAS 10145 RAMBLEWOOD DR CORAL SPRINGS, FL 33071				T CHAVEZ, SARA 13461 NYSTROM CT WOODBRIDGE, VA 22193			
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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 807, 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 duly empowered.							
SIGNATURE: <u>Rafael A Chavez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <u>02.13.03</u> DATE			
DAYTIME PHONE: <u>817-540-9480</u> DAYTIME PHONE #				FAX: <u></u> FAX #			

CR2E034 (10/02)