2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # H83858** 1. Entity Name LML CLEANING SERVICES, INC. 04-11-2001 90103 011 ***150.00 Principal Place of Business Mailing Address 2303 POLK STREET #103 2303 POLK STREET #103 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business _:Suite, Apt. #, etc:: __Suite, Apt. #..etc.__. O-NOT-WRITE-IN-THIS SPACE Applied For City & State City & State 4. FEI Number 59-2594540 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ST. CYR, MR. MARCEL Street Address (P.O. Box Number is Not Acceptable) 2303 POLK STREET #103 HOLLYWOOD FL 33020 Zip Code City 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 DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition PTD Change ☐ Delete TITLE TITLE ST. CYR, MARCEL NAME IAME STREET ADDRESS 2303 POLK STREET #103 REET ADDRESS CITY-ST-ZIP ST-ZIP HOLLYWOOD FL Change Addition ☐ Delete TITL F NAME DORESS STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME STREET ADDRESS DDRESS -ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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.