

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009023

1. Entity Name
CLEANING LIGHT LC

FILED

Principal Place of Business

3170 SW 8 ST LOT 534
MIAMI FL 33135

Mailing Address

3170 SW 8 ST LOT 534
MIAMI FL 33135

01 SEP 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

14500 S.W. 280 St.
Suite, Apt. #, etc.
LOT # 204

3. Mailing Address

14500 S.W. 280 St.
Suite, Apt. #, etc.
LOT # 204

City & State

HOMESTEAD, FL.

City & State

HOMESTEAD, FL.

4. FEI Number

65-1062557

Applied For

Not Applicable

Zip

33032

Country

U.S.A.

Zip

33032

Country

U.S.A.

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUILAR, ALVARO
3170 SW 8 ST LOT 534
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name AGUILAR ALVARO

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

14500 SW 280 ST LOT # 204

City HOMESTEAD

FL

Zip Code

33032

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]

(NOTE: Registered Agent signature required when reinstating)

09-06-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MANAGERS AGUILAR ALVARO
STREET ADDRESS 14500 SW 280 ST LOT # 204
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

100004609631--8

-09/25/01--01008--017

*****50.00 *****50.00

100004609631--8

-09/25/01--01008--018

*****5.00 *****5.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

[Signature]

07-31-01

Date

Daytime Phone #

STAPLE CHECK HERE

0003518

CR2E083 (5/01)