

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90217 001 \*\*\*\*50.00  
 05-05-2002 90217 002 \*\*\*\*\*5.00

**DOCUMENT # L00000009023**

1. Entity Name  
**CLEANING LIGHT LC**

Principal Place of Business  
**14500 S.W. 280TH ST., LOT #204  
 HOMESTEAD FL 33032**

Mailing Address  
**14500 S.W. 280TH ST., LOT #204  
 HOMESTEAD FL 33032**

**AGUILAR ALVARO**  
 2. Principal Place of Business  
**14500 SW 280ST #204**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**HOMESTEAD FL**  
 Zip  
**33032**  
 Country  
**FL**

City & State  
 Zip  
 Country

4. FEI Number **65-1062557**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

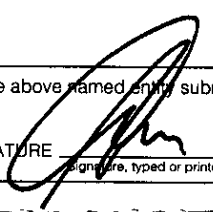
## 6. Name and Address of Current Registered Agent

**AGUILAR ALVARO  
 14500 S.W. 280TH ST., LOT #204  
 HOMESTEAD FL 33032**

## 7. Name and Address of New Registered Agent

Name **AGUILAR ALVARO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14500 SW 280ST, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/22/02**  
 DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

## 9. MANAGING MEMBERS / MANAGERS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>AGUILAR ALVARO<br/>14500 S.W. 280TH ST., LOT #204<br/>HOMESTEAD FL 33032</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

## 10. ADDITIONS / CHANGES

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E083 (9/01)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**04/22/02 3064797512**  
 Date Daytime Phone #