

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90213 017 ****50.00

DOCUMENT # L01000016383

1. Entity Name
PRECIOUS CLEANING, LLC

Principal Place of Business

**201 S. BISCAYNE BLVD.
 SUITE 1700
 MIAMI FL 33131**

Mailing Address

**201 S. BISCAYNE BLVD.
 SUITE 1700
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12015 S.W. 14th street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 316

City & State

Miami, FL

Zip

33184

Country

U.S.A

City & State

Zip

Country

4. FEI Number

65-1144660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MIAMI CENTER REGISTERED AGENTS, LLC
 201 S. BISCAYNE BLVD.
 SUITE 1700
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Marta E. Oquendo

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

12015 S.W. 14th street

City

Miami

FL

Zip Code

33184

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

Marta E. Oquendo

4-29-02

DATE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
**Manager
 Marta E. Oquendo
 12015 S. W. 14th street, # 316
 Miami, FL 33184**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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

Marta E. Oquendo

4-28-02 (305) 227-1504

Date

Daytime Phone #