

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/30/2003-90171-010-\$50.00-\$50.00


FILED

03 JUN 13 AM 8 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000005276

1. Entity Name
PROGRESS CLEANERS, LLC



Principal Place of Business Mailing Address
14550 S.W. 74 STREET **14550 S.W. 74 STREET**
MIAMI FL 33183 **MIAMI FL 33183**

2. Principal Place of Business 3. Mailing Address
13910 S.W. 56 street **13910 SW 56 street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
B **# B**

City & State City & State
Miami - Florida **Miami Florida**
 Zip Zip
33175 **33175**

4. FEI Number Applied For
47-0853799 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
TRUJILLO, FRANCISCO
14550 S.W. 74 STREET
MIAMI FL 33183

7. Name and Address of New Registered Agent
 Name **Eduardo Paz Cabello**
 Street Address (P.O. Box Number is Not Acceptable)
11302 NW 53 Lane
 City **Miami** **FL** Zip Code **33178**

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 *[Signature]* DATE **04/24/2003**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eduardo Paz Cabello 11302 NW 53 Lane Miami, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Raul De Brito 11302 NW 53 Lane Miami, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sheila Maria De Brito Nunes 11302 NW 53 Lane Miami, FL 33178 <input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** Date Daytime Phone # **(305) 386 7144**

CR2E083 (10/02)