2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # L32230** ABSOLUTE ENVIRONMENTAL CLEANING SYSTEMS INC. 03-15-2000 90093 028 ***158.75 Principal Place of Business Mailing Address 401 MEADOW RD 401 MEADOW RD **DURANGO CO 81301-6406** DURANGO CO 81301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0168125 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIRSCHENSON, KELLY 1650 NW 110 AVE 209 PLANTATION FL 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 <u>KELLY HIRSC</u> 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, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CHECK BUTTO OF OUR OF OF SEEDS V. P. ☐ Addition De ete TITLE TITLE COHEN, BARRY NAME COHEN, BARRY 401 MEADOWRA STREET ADDRESS STREET ADDRESS 4780 SW 74TH TERRACE DURANGO CO 81301 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL PRES. Change ☐ Addition TITLE ☐ Delete ASAND COHEN, LYNNH. NAME NAME ASANO-COHEN, LYNN M 401 MEADOW RD STREET ADDRESS STREET ADDRESS 4780 SW 74TH TERRACE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition De'ete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

SIGNATURE