

<h1>DOCUMENT # L74330</h1>			
1. Entity Name <div style="text-align: center; font-size: 1.2em; font-weight: bold;">SUPERIOR CLEANING CONTRACTORS, INC.</div>			
Principal Place of Business 7385 PRESCOTT LN LAKE WORTH FL 33467 US		Mailing Address PO BOX 740054 BOYNTON BCH FL 33474-0054 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
CACERES, GILLERMO 7385 PRESCOTT LN LAKE WORTH FL 33467			Name
			Street Address
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required.)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CACERES, GILLERMO 7385 PRESCOTT LANE LAKE WORTH FL	<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	
12.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Article 10 of the constitution of this state and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 10, Section 10.01, of the Florida Statutes, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <div style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div>			

A0051801

4. FEI Number	06-1205922	Applied For
		Not Applicable

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition:
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition:
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition:
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition:
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition:

SIGNATURE:  GIVONNO CACERES 04/15/2001 561-966-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)