


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

AMENDED 8/6/03  
FILED

03 AUG -7 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RC 8/8

DOCUMENT # <b>M 30463</b>	
1. Entity Name <b>SPARKLING BUILDING MAINTENANCE, INC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>7353 NW 8th</b> Suite, Apt. #, etc. <b>Suite K</b> City & State <b>Miami, Florida</b> Zip <b>33126</b> Country <b>US</b>		3. Mailing Address <b>P.O. Box 2078</b> Suite, Apt. #, etc. <b>TAMiami Station</b> City & State <b>Miami Florida</b> Zip <b>33144</b> Country <b>US</b>	
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4. FEI Number <b>59-2662876</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <b>Jose M. Sanchez</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7353 NW 8th</b> <b>Suite K</b>	
City <b>Miami</b>	FL Zip Code <b>33126</b>

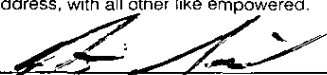
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	<b>Jose M. Sanchez, President</b>	DATE <b>7/30/2003</b>

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE <b>President</b>	NAME <b>Jose M. Sanchez</b>	TITLE <b>President</b>	NAME <b>Jose M. Sanchez</b>
STREET ADDRESS <b>9119 Grand Canal Dr</b>	STREET ADDRESS <b>9119 Grand Canal Dr</b>	STREET ADDRESS <b>9119 Grand Canal Dr</b>	STREET ADDRESS <b>9119 Grand Canal Dr</b>
CITY-ST-ZIP <b>Miami Florida 33174</b>	CITY-ST-ZIP <b>Miami Florida 33174</b>	CITY-ST-ZIP <b>Miami Florida 33174</b>	CITY-ST-ZIP <b>Miami Florida 33174</b>
TITLE <b>Vice-President</b>	NAME <b>Reinerio Sanchez</b>	TITLE <b>Vice-President</b>	NAME <b>Reinerio Sanchez</b>
STREET ADDRESS <b>250 SW 81 Avenue</b>	STREET ADDRESS <b>250 SW 81 Avenue</b>	STREET ADDRESS <b>250 SW 81 Avenue</b>	STREET ADDRESS <b>250 SW 81 Avenue</b>
CITY-ST-ZIP <b>Miami FL 33144</b>	CITY-ST-ZIP <b>Miami FL 33144</b>	CITY-ST-ZIP <b>Miami FL 33144</b>	CITY-ST-ZIP <b>Miami FL 33144</b>
TITLE <b>Secretary &amp; Treasurer</b>	NAME <b>Mercedes Sanchez</b>	TITLE <b>Secretary &amp; Treasurer</b>	NAME <b>Mercedes Sanchez</b>
STREET ADDRESS <b>9119 Grand Canal Dr</b>	STREET ADDRESS <b>9119 Grand Canal Dr</b>	STREET ADDRESS <b>9119 Grand Canal Dr</b>	STREET ADDRESS <b>9119 Grand Canal Dr</b>
CITY-ST-ZIP <b>Miami, Florida 33174</b>	CITY-ST-ZIP <b>Miami, Florida 33174</b>	CITY-ST-ZIP <b>Miami, Florida 33174</b>	CITY-ST-ZIP <b>Miami, Florida 33174</b>
TITLE <b>Secretary</b>	NAME <b>Maria Valeria Sanchez</b>	TITLE <b>Secretary</b>	NAME <b>Maria Valeria Sanchez</b>
STREET ADDRESS <b>250 SW 81 Avenue</b>	STREET ADDRESS <b>250 SW 81 Avenue</b>	STREET ADDRESS <b>250 SW 81 Avenue</b>	STREET ADDRESS <b>250 SW 81 Avenue</b>
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12. 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 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 	<b>Jose M. Sanchez, President</b>	DATE <b>7/30/2003</b>	Daytime Phone # <b>(305) 2661103</b>

CR2E034B (12/02)