305-666-5090

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: MIG. JA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # M31352 1. Entity Name ALMA CLEANING SERVICE CORP.					Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90221 011 ***150.00		
Principal Place of Business 4800 SW 75TH AVENUE MIAMI FL 33155 Mailing Address 1172 S DIXIE HWY 403 CORAL GABLES FL 33146 US							
2. Principal Place of Business 4603 5 w 75 Ave 3. Mailing Address						iie iiel eibii dieii bieii bieii	DIEN OURN IECH
Suite, Apt		Suite, Apt. #, etc.	te, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Sta		City & State		-	4. FEI Number 59-2672366 Applied For Not Applicable		
33/5°	Country	Zip	Country		5. Certificate of Status Desired.	\$8.75 Add	ditional
	6. Name and Address of Current R	legistered Agent			7. Name and Address of New Re		
•	MIGUEL ANGEL V 75 AVE L 63155	charge Giv		003	Zin Code		
	e named entity submits this statement for	, , , , , , , , , , , , , , , , , , ,		1Am.			55
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$ After May 1, 2002 Fee will to Make Check Payable to Depart				550.00 Trust Fund Contribution. S5.00 May Be Added to Fees			
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YANIZ, MIGUEL A. 4930 SW 75 AVE	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		additions/changes to office	CERS AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANIZ, ANA G. 4930 SW 75 AVE MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	460	3 5W 75Ame	Change	☐ Addition
TITLE Name Street address City-St-Zip	SD YANIZ, SILVIA M 4930 SW 75 AVE MIAMI FL 33155	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4603	sw75Ave	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YANIZ, ANNETTE 4800 SW 75TH AVENUE MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	460	3 Sw 75Are	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TTLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
of the corp	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	ne exemption state	ave the com	na lanal effect as if made under es	the that I am an afficar.	or director