

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90097 034 ***550.00

DOCUMENT # P00000001134

1. Entity Name
A.J. CARPET CLEANING, INC.



Principal Place of Business
265 NAVARRE DRIVE
MIAMI SPRINGS FL 33166

Mailing Address
265 NAVARRE DRIVE
MIAMI SPRINGS FL 33166



2. Principal Place of Business
265 Navarre Dr
Suite, Apt. #, etc.

3. Mailing Address
265 Navarre Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami Springs Fla
Zip 33166 Country Wade

City & State
Miami Springs Fla
Zip 33166 Country Wade

4. FEI Number 65-1017621

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARUCA, JOSE R
1980 S OCEAN DR #22-K
HALLANDALE FL 33009

Jack V. Parrish
265 Navarre Dr.
Miami Springs Fla

7. Name and Address of New Registered Agent

Name Jack V. Parrish
Street Address (P.O. Box Number is Not Acceptable) 265 Navarre Dr.
City Miami Springs FL Zip Code 33166

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 Jack V. Parrish - Pres

(NOTE: Registered Agent signature required when reinstating)

DATE 9-8-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE ~~President~~
NAME PARRISH, JACK
STREET ADDRESS 265 NAVARRE DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ~~PD~~
NAME ARUCA, JOSE R
STREET ADDRESS 265 NAVARRE DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK V. PARRISH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 9-8-03

DAYTIME PHONE (305) 887-4890

CR2E034 (10/02)