2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 04, 2001 08:00 AM P00000009514 DOCUMENT# Entity Name **Secretary of State** GLENIS A. CHAMBERS CLEANING, INC. Principal Place of Business Mailing Address 286 LAS PALMAS ST 286 LAS PALMAS ST ROYAL PALM BEACH ROYAL PALM BEACH FL2. Principal Place of Business 3. Mailing Address 286 LAS PALMAS ST 286 LAS PALMAS ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ROYAL PALM BEACH FL ROYAL PALM BEACH 65-0977399 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL33134 US Zip Code 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. SIGNATURE 04/04/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change CHAMBERS MAME FARIAN CHAMBERS NAME FABIAN STREET ADDRESS 286 LAS PALMAS ST STREET ADDRESS 286 LAS PALMAS ST CITY-ST-ZIP ROYAL PALM BEACH \mathbf{FL} CITY-ST-ZIP ROYAL PALM BEACH PTD ☐ Delete TITLE X Change NAME CHAMBERS GLENIS NAME CHAMBERS **GLENIS** STREET ADDRESS 286 LAS PALMAS ST STREET ADDRESS 286 LAS PALMAS ST CITY-ST-ZIP ROYAL PALM BEACH \mathbf{FL} CITY-ST-ZIP ROYAL PALM BEACH FL33411 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/04/2001

Daytime Phone #

Date

Fabian Chambers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _