

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91866 008 ***150.00

DOCUMENT # P00000009997

1. Entity Name
TIME TO CLEAN U.S.A., INC.



Principal Place of Business
**150 BONAVENTURE BLVD
#101
WESTON, FL 33326**

Mailing Address
**PO BOX 267694
WESTON, FL 33326**

2. Principal Place of Business
**150 Lakeview Dr
Suite, Apt. #, etc.
102 Bldg 11**

3. Mailing Address
**150 Lakeview Dr
Suite, Apt. #, etc.
102 Bldg 11**



☒ CHECK HERE IF MAKING CHANGES

City & State
Weston FL

City & State
Weston FL

4. FEI Number
65-0974493

Applied For
☐ Not Applicable

Zip
33326 Country
USA

Zip
33326 Country
USA

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

6. Name and Address of Current Registered Agent

**RIVERA, EMMA L
160 BONAVENTURE BLVD
APT 101
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

[Signature]

04/27/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW WITH 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 NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, EMMA L PO BOX 267694 WESTON, FL 33326	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/03 (954) 3854830

Date

Daytime Phone #

CR2E034 (10/02)

Hello

Attachment
PO0000009997
80113932

I never got my form, I moved
almost 1 year ago this is my new address

150 Lakeview Dr Apt #102
Bldg 11
Weston Fl 33326

I hope you understand why? is late.

I send it on April 28.

Thankyou so much

Emma Rivera