2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 24, 2002 8:00 am Secretary of State P00000028502 DOCUMENT # 1. Entity Name 05-24-2002 91278 008 ***150.00 EXQUISITE CLEANING SERVICES, INC. Mailing Address Principal Place of Business 3290 N.W. 14TH COURT 3280 N.W. 14TH COURT FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt. # etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELLAMY, LATASHIA J Street Address (P.O. Box Number is Not Acceptable) 3280 N.W. 14TH COURT FT. LAUDERDALE FL 33311 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!!-FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change Addition TITLE BELLAMY, LATASHIA J NAME NAME 3280 N.W. 14TH COURT STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME BEARD, MYRON KEITH NAME STREET ADDRESS 7800 N.W. 21ST STREET STREET ADDRESS CITY-ST-7IP SUNRISE FL 33322 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CANION, ARLISHA STREET ADDRESS STREET ADDRESS 2016 N.W. 14TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Change ■ Addition ☐ Delete TITLE TITLE GRANT, MAXINE BELLAMY NAME NAME STREET ADDRESS STREET ADDRESS 2161 NW 21TH ST. CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP* Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 hame appears in Block 11 or Block 12 in

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