SURRISE FL 33322  2. Principal Place of Business  3. Mailing Address  Surie, Apt. #, etc.  City & State  City & St	DOCUMENT # P0000034052  1. Entity Name  MR. CLEAN JANITORIAL INC.						May 14, 2001 8:00 am Secretary of State 05-14-2001 90233 036 ***150.00			
SURRISE FL 33322  2. Principal Place of Business  3. Mailing Address  Surie, Apt. #, etc.  City & State  City & St	Principal Plac	ce of Business .	Mailing Address			_				
Suffer, Apt. #, etc.    Suffer, Apt. #, etc.   Suffer, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	9340 NW 21 MANOR SUNRISE FL 33322		· ·				U <b>0051</b> 265			
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City & State  Country  Country  S. Certificate of Status Desired  S. R.75 Additional  Fee Required	2. Principal F	Place of Business	3. Mailing Address			_				
Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Additional Fee Required Fe	Suite, Apt	. #, etc.	Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
Country   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   Fee Re	City & Sta	te	City & State							]
GREENBLATT, LAWRENCE P 9340 NW 21 MANOR SUNRISE FL 33322  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or prined name of registered agent and title if applicable  Tax filling requirement and elects to do so.   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  Make  GREENBLATT, LAWRENCE P 9340 NW 21 MANOR STREET ADDRESS OUTY-ST-2P  TITLE  NAME SIRRET ADDRESS OUTY-ST-2P  Delete  TITLE    Delete   TITLE   Delete   TITLE   NAME SIRRET ADDRESS OUTY-ST-2P   Delete   TITLE   Delete   TITLE   NAME SIRRET ADDRESS OUTY-ST-2P   Delete   TITLE   NAME SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS OUTY-ST-2P   Delete   TITLE   NAME SIRRET ADDRESS SIRRET AD	Zip	Country	Zip	Countr	γ					1
GREENBLATT, LAWRENCE P 3340 NW 21 MANOR SUNRISE FL 33322  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.  L  SIGNATURE  9. This corporation is eligible to satisfy its Intanglible Tax filing requirement and elects to do so. (See criteria on back)  PEREVISION OF FRUIT OF TAX filing requirement and elects to do so. (See criteria on back)  DEFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  INME  GREENBLATT, LAWRENCE P SINEET ADDRESS  CITY-51-2P  STREET ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-51-2P  TITLE  MAKE  S		6. Name and Address of Current F	legistered Agent		<del>_</del>	7.	Name and Address of New Registe	<del></del>		_
SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Soe criter) about a back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE  MAME  ORY-51-2P  SIMPLE ANORES  CITY-51-2P  TITLE  MAKE  STREET ADDRESS  CITY-51-2P  TITLE  MAKE  STREET ADDRESS					Name			·		1
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    Signature bytes or printed name of registered agent and site if applicable   (NOTE Registered Agent Signature required when refinations)   DATE	9340 NW 21 MANOR				Street Address (P.O. Box Number is Not Acceptable)					
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, typed or printed name of registered agent and 30% if applicable   (NOTE Registered Agent signature required when refinaturing)   DATE	OON	THOL PLOOPLE		}	City			Zip Cod	<u>-</u>	$\frac{1}{2}$
SIGNATURE  9. This corporation is eligible to satisfy its Intangible (NOTE Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible (Tax filing requirement and elects to do so.)  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  (CREENBLATT, LAWRENCE P STARET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE  (CITY-ST-ZIP)  TITLE  (CIT	9. The above	named ontity automite this statement for	the purpose of changing its	rogistoro	d office or regi	eterod ac			<del></del>	+
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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	<b>13.</b> I hereby o	certify that the information supplied with t	his filing does not qualify for	the exem	ption stated in	Section	119.07(3)(i), Florida Statutes. I further	certify that the in	formation	†

2001 UNIFORM BUSINESS REPORT (UBR)

TRYSIDENT LAWRENCE P. GREENHAM 4-1101 454747 4895

David Dayline Phone #