2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000041352 DOCUMENT

1. Entity Name

SIGNATURE:

UNIQUE SWEEPING SERVICES INC.



FILED May 15, 2003 8:00 am § Secretary of State

05-15-2003 90119 017 ***150.00

| Principal Place 14629 S.W. 10 MIAMI FL 331 | · · | Mailing Address 14629 S.W. 104TH #130 MIAMI FL 33186 | | | | | | 1110 1111 1111 1111 | |
|---|--|---|-----------------------------------|---|---------------------------------|--|--|--|-------------|
| 2. Principal P | Place of Business | 3. Mailing Address | | | | 1 (881:88) (1) 76 (1) 88(1) 78 (1) 88(1) | | 15101 01110 1101 1001 | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & Stat | е | City & State | | | 4. | FEI Number 65-1007062 | - | Applied For Not Applicable |] |
| Zip | Country | Zip | Zip Cour | | 5. | Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | | 7. | 7. Name and Address of New Registered Agent | | | |
| | | | | Name | | , | | | |
| PUGA, OF | rlando V. 104TH #130 | | Street Address (P.0 | | ess (P.O. | P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL | | | | | | | | | 1 |
| | 00.00 | | | City | | | FL Zip | Code | |
| 8. The above | named entity submits this statement for | r the nurpose of changing its | register | ed office or rea | istered a | gent or both in the State of Florida | | vith, and accept | |
| the obligat | ions of registered agent. | are purpose of origing its | , ogloto | od omog or rog | 1510.00 0 | gorn, or boar, in the otale of riched. | , carried med 4 | viiii, dila accept | |
| CIONATURE | | | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent a | and title if applicable. (NOT | E: Registere | ed Agent signature rec | quired when | reinstating) | DATE | | ļ |
| , 1.5. × F | ILE NOW!!! FEE IS \$150.00 | . | | | | T | | | |
| , , | May 1, 2003 Fee will be \$550.00 | | | | | Election Campaign Financin Trust Fund Contribution. | | 5.00 May Be dided to Fees | |
| Make Check | Repartment of Payable to Florida Department of | State | | | | irast rana Commodion. | L A | aded to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | A | DDITIONS/CHANGES TO OFFICERS | AND DIRECT | ORS IN 11 | _ |
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| 12. I hereby condicated of the corporate changed, | certify that the information supplied with on this report or cupplemental report is poration or the receiver or youte elempo or on an attachment with proactiess, w | This filing does not qualify for true and accurate and that r we'ed to execute this report that all other like empowered | r the exe ny signa as requi | mption stated in ture shall have t red by Chapter | Section he same 607, Flor | n 119.07(3)(i), Florida Statutes. I further e legal effect as if made under oath; the rida Statutes; and that my name appe | er certify that that I am an officers in Block 1 | he information icer or director 0 or Block 11 if | |

WAE REQUIRED