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2002 UNIFORM BUSINESS REPORT (UBR)	May 29, 2002 8:00 an
OCUMENT # P 00000057900 Entity Name	Secretary of State 05-29-2002 90689 029 ***150.00

1. Entity Name						05-29-2002 90689 029 ***150.00				
ADV	ANCE GENERAL CLEAN	NING, CORP.	J							
Principal Pla	ace of Business	Mailing Address			\dashv					
381 Pom	1 N.E. 15th AVE pano Beach, FL 330	SAME						-		
					1.			ear e		
2. Principal	Place of Business	3. Mailing Address	 -							
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & Sta		City & State			4.	FEI Number 94-3365	477	F	Applied For Not Applicable	
Zip	Country	Žip .	Count	ry		Certificate of Sta		Fee Rec	Additional quired	
	6. Name and Address of Current			_Name	7, 1	Name and Addr	ess of New Re	gistered Agent		
Guin	araes, rabio Mart	ins	ا حثنے	Guin	arae	s, Fabi	o Marti	ns	· · · · · · · · · · · · · · · · · · ·	
	N.E. 15th Ave.			Streetg\402e	5 % & 8	lox Homber is M	(Acceptable)			
	ano Beach, Fl 330	54	- 1					<u></u>		
· 				City Pompano Beach			FL Zip Code 33064			
8. The above	e named entity submits this statement to	r the purpose of changing its	registere	d office or regis	stered ag	ent, or both, in th	ne State of Flori	da.	<u> </u>	
SIGNATURE		norse .	<u> </u>	·						
	"Signatura, typno or printes name of registered agent	Exercised to act a size to the last control of the	Sales and Laboratory	Agom signature requ	uirect when re	entating)		DATE		
gnilit xaT, 📭	oration is eligible to satisfy its Intangible raquirement and elects to do so. ria on back)	After May 1, 20	02 Fee w	III be \$550.00	0 State		Campaign Finar d Contribution.		5.00 May Be ded to Fees	
11.	OFFICERS AND		第6年本の 12.			DITIONS/CHAN	GES TO OFFIC	ERS AND DIRECT	ORS IN 11	
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name : Street adóress i	Guimaraes, Fabi	o Martins	NAME	ADODESO						
CITY-ST-ZIP	612 N.E. 11th A	ve.	CITY-S	ADORESS T-ZIP						
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NAME ,	Guimaraes, Cilly		NAME	ļ					e 🗍 Addition	
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NAME	·		NAME	J				C) supply		
STREET ADDRESS City-St-Zip		•	STREET A					• .		
ITLE		<u>, </u>	CITY-ST	-200	·· , .	·				
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TREET ADDRESS	The second secon		STREET A	ODRESS			. •	•	· '"	
CITY-ST-ZIP	And the state of t	<u> </u>	CITY-ST-	_ ' 1			_	•	1	
of the corp	ertify that the information supplied with too this report or supplemental report is too control or the receiver or trustee empoyor on an attachment with an address, with the control of t	vered to execute this report a	the exemp y signature is required	tion stated in S shall have the by Chapter 60	Section 11 same leg 07, Florida	9.07(3)(i), Florid pal effect as if m Statutes, and if	a Statutes. I fur ade under oath hat my name ap	ther certify that the hit that I am an offic opears in Block 11	information er or director or Block 12 if	