2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 12, 2002 8:00 am Secretary of State **DOCUMENT#** P00000060533 1. Entity Name 09-12-2002 90086 028 ***550.00 A & M CLEANING SERVICES OF PALM BEACH, INC. Principal Place of Business Mailing Address 204 LAKEVIEW DRIVE EAST 80137672 204 LAKEVIEW DRIVE EAST **ROYAL PALM BEACH FL 33411** ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. - - -DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1013351 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARADOA, ADOLFO Street Address (P.O. Box Number is Not Acceptable) 204 LAKEVIEW DRIVE EAST **ROYAL PALM BEACH FL 33411** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (4/02) ☐ Change Addition PARADOA, ADOLFO STREET ADDRESS 204 LAKEVIEW DRIVE EAST STREET ADDRESS **ROYAL PALM BEACH FL 33411** CITY-ST-ZIP CITY-ST-ZIP VT TITLE Delete TITLE ☐ Change ☐ Addition NAME PARADOA, MARTHA NAME STREET ADDRESS 204 LAKEVIEW DRIVE EAST STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing dees not quarry 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 of flustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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561) 790-4410

FILED