

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

11/20/01 AV

04-11-2002 90692 008 ***150.00
 05-13-2002 90090 040 ***150.00

DOCUMENT # P00000067886

1. Entity Name
SUPER MAGIC CLEANING, INC.

Principal Place of Business Mailing Address
26600 SW 127TH AVENUE **26600 SW 127TH AVENUE**
HOMESTEAD FL 33032 **HOMESTEAD FL 33032**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
26600 SW 127 AVE **SAME ADD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Homestead **SAME ADD**
 Zip Country Zip Country
33032 **U.S.A.**

4. FEI Number Applied For
65-1024588 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERNANDEZ, HUMBERTO
26600 SW 127TH AVENUE
HOMESTEAD FL 33032

7. Name and Address of New Registered Agent
 Name: **Super Magic Cleaning**
 Street Address (P.O. Box Number is Not Acceptable): **26600 Sw 127 Ave**
 City: **Homestead, FL, 33032**
 State: **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.

SIGNATURE: *[Signature]* Date: **01/12/01**

Signature, typed or printed name of signatory if applicable (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:

FILE NOW!!! FEE IS: \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HERNANDEZ, HUMBERTO | |
| STREET ADDRESS | 28800 SW 127TH AVENUE | |
| CITY-ST-ZIP | HOMESTEAD FL 33032 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 reports 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 name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **01/12/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)