DOCUMENT # P0000072267

1. Entity Name

FLORIDA QUALITY CLEANING SERVICES, INC.

Principal Place of Business

Mailing Address

2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am Secretary of State 05-10-2001 90058 017 ***150.00

8355 SW 107 AVE. SUITE B MIAMI FL 33173		8355 SW 107 AVE. SUITE MIAMI FL 33173	8355 SW 107 AVE. SUITE 8 MIAMI FL 33173						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			een een h	1610 (1910 (1910 8		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current QUINTERO, WILMER A 8355 SW 107 AVE, SUITE B MIAMI FL 33173 8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agen 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND TITLE NAME	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		FEI Number 5-103 5-20	22		pplied For ot Applicable	
Zip	Country Zip		Country	5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7.	Name and Address of Ne	w Registered	Agent		
			Nam	Name					
8355	SW 107 AVE, SUITE B		Street A		Address (P.O. Box Number is Not Acceptable)				
MIAN	II FL 33173				,				
			City			FL	Zip Cod	ie	
9 The above	named antity submits this stateme	at for the purpose of changing it	e registered office	or registered as	agent or both in the State of				
b. The above	named entity submits and stateme	nt for the purpose of changing it	s registered offici	e or registered ag	gent, or both, in the State of	i Fiorida.			
CIONATURE								•	
SIGNATURE _	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered Agent si	gnature required when r	reinstating)	DATE			
Tax filing r	equirement and elects to do so.	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Trust Fund Contrib			00 May Be d to Fees	
11.	OFFICERS A		12.			DEFICERS AN'	D DIRECTOR:	S IN 11	
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CITY-ST-ZIP			CITY-ST-ZIP	MIAMI	j. FL. 33193	}			
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STREET ADDRESS		•	STREET ADDRES	s					
CITY-ST-ZIP	17-07-0-14-0		CITY-ST-ZIP						
13. I hereby co	ertify that the information supplied	with this filing does not qualify for	r the exemption s	tated in Section	119.07(3)(i), Florida Statute	s. I further cer	rtify that the in	nformation	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-382-8020

Daytime Phone #