

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000075649
1. Entity Name
D & R Cleaning Services, Inc.

FILED

02 JUN 24 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5116 Liming Ave
Suite, Apt. #, etc.
City & State
Orlando Florida
Zip
32808 Country
U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT *01-02*

4. FEI Number
59-3663508 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William Calderon
Street Address (P.O. Box Number is Not Acceptable)
5116 Liming Ave
City
Orlando FL Zip Code
32808

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 *X William Calderon* DATE *6/20/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is: \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<i>President William Calderon 5116 Liming Ave Orlando, FL 32808</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>900006072689-1 -06/27/02--01056--024 ****700.00 ****700.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice-President Magali Calderon 5116 Liming Ave Orlando, FL 32808</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>900006072689-1 -06/27/02--01056--025 ****200.00 ****200.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X William Calderon* DATE *06/20/02* (407) 466-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)