

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90355 001 \*\*\*150.00

0127662

**DOCUMENT # P00000085668**  
 1. Entity Name  
**CLEAN MASTER CARPET & FURNITURE CLEANING, INC.**

Principal Place of Business Mailing Address  
**680 CYPRESS CLUB WAY** **680 CYPRESS CLUB WAY**  
**SUITE E** **SUITE E**  
**POMPANO BEACH FL 33064** **POMPANO BEACH FL 33064**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**457 SW 1<sup>st</sup> CT #306** **457 SW 1<sup>st</sup> CT #306**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Pompano Beach - FL** **Pompano Beach FL**  
 City & State City & State  
**33060**  
 Zip Country Zip Country  
**Broward** **33060** **Broward**

4. FEI Number **65-1038147** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ACUILINO, JOSE**  
**3961 N. FEDERAL HWY.**  
**POMPANO BEACH FL 33064**

**7. Name and Address of New Registered Agent**

Name **DIRCEU M. Azevedo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**457 SW 1<sup>st</sup> CT #306**  
 City **Pompano Beach** FL Zip Code **33060**

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 **DIRCEU MOREIRA Azevedo** **04-20-01**  
 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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PVST</b>			
	<b>AZEVEDO, DIRCEU MOREIRA</b>	<b>680 CYPRESS CLUB WAY</b>	<b>POMPANO BEACH FL 33064</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **DIRCEU MOREIRA Azevedo** **04-20-01** **954-4290646**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)