

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000089863

1. Entity Name
 DECRISTO PRESSURE CLEANING, INC.

Principal Place of Business 4701 LYONS RD. SUITE 102 COCONUT CREEK FL 33023	Mailing Address 4701 LYONS RD. SUITE 102 COCONUT CREEK FL 33023
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address 104 GARDENS DR 201 City & State POMPANO BEACH FL
Zip Country	Zip Country

4. FEI Number Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 ACQUILINO JOSE
 3961 N. FEDERAL HWY.
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____ DATE **05/01/2001**
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)

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 VS <input type="checkbox"/> Delete	NAME DECRISTO JOSIANA BORGES
STREET ADDRESS	4701 LYONS RD. SUITE 102
CITY-ST-ZIP	COCONUT CREEK FL 33023
TITLE PT <input type="checkbox"/> Delete	NAME DECRISTO EDSON TABORDA
STREET ADDRESS	4701 LYONS RD. SUITE 102
CITY-ST-ZIP	COCONUT CREEK FL 33023
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 VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DECRISTO JOSIANI BORGES
STREET ADDRESS	4701 LYONS RD. SUITE 102
CITY-ST-ZIP	COCONUT CREEK FL 33023
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 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: DECRISTO, JOSIANI BORGES **VC** **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)