FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 17, 2002 8:00 am Secretary of State P00000091680 **DOCUMENT #** 1. Entity Name 04-17-2002 90148 003 \*\*\*150.00 JL&V CLEANING SERVICE, INC. Principal Place of Business Mailing Address 1210 SUNRISE RD. 1210 SUNRISE RD HUU68548 WEST PALM BEACH FL 33406-4937 WEST PALM BEACH FL 33406-4937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2586199 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTERO, JOSE L Street Address (P.O. Box Number is Not Acceptable) 1210 SUNRISE RD. WEST PALM BEACH FL 33406-4937 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE Change MONTERO, JOSE L NAME 1210 SUNRISE RD. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406-4937 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MONTERO, VIRGINIA NAME NAME 1210 SUNRISE RD. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406-4937 CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P 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 port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowere changed, or on an attachmen with an address, with all

ING OFFICER OR DIRECTOR