


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

FILED

03 JUL 24 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000095498	
1. Entity Name Detail Cleaning Services Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13700 S.W. 62nd.		3. Mailing Address 13700 S.W. 62ns. St.	
Suite, Apt. #, etc. 224		Suite, Apt. #, etc. 224	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33183	Country Miami-Dade	Zip 33183	Country Miami-Dade

4. FEI Number 65-1045263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>PABLO MACIAS</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>13700 SW 62 St # 224</u>	
	City <u>Miami</u>	FL Zip Code <u>33183</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 7-11-03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Macias, Pablo 13700 S.W. 62nd St. #224, Miami, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100021589201 07/16/03--01037--010 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JON-HI, MARIA 13700 S.W. 62nd. St #224, Miami FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 07/11/03 (305) 408-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)