## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # P00000102910 1. Entity Name 05-16-2001 90220 030 \*\*\*150.00 RED BARON BUSINESS JET CLEANING SERVICE, INC. Principal Place of Business Mailing Address POST OFFICE BOX 491954 POST OFFICE BOX 491954 766141 FORT LAUDERDALE FL 33349 FORT LAUDERDALE FL 33349 2. Principal Place of Business 3, Mailing Address Past Office 491914 4003 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State -82 01 DA PL9101 Deer Field LAUdera Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 33 442 333 49 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESPOSITO, THOMAS Street Address (P.O. Box Number is Not Acceptable) 4003 NW 5TH DRIVE DEERFIELD BEACH FL 33442 Zip Code City FL e purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named tity submits this SIGNATURE e, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition TITLE PD ☐ Delete TITLE NAME ESPOSITO, THOMAS NAME STREET ADDRESS STREET ADDRESS 4003 NW 5TH DRIVE CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP In this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the control of the contro 13. I hereby certify that the information supplied y indicated on this report or supplemental rep of the corporation or the re iver or trustee nt with an add changed, or on an attache SIGNATURE: 🗹

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR