FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 28, 2001 8:00 am Secretary of State DOCUMENT # P00000103468 1. Entity Name TOTAL CLEAN U.S.A., CORP. 03-28-2001 90188 035 ***150.00 Principal Place of Business Mailing Address 633 N.E. 167 ST 633 N.E. 167 ST SUITE 616 SUITE 616 N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1052454 Not Applicable Country \$8.75 Additional 33181 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHIUMERINI, JUAN C Street Address (P.O. Box Number is Not Acceptable) 633 N.E. 167 ST SUITE 616 N. MIAMI BEACH FL 33162 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **VPD** ☐ Change ☐ Addition Delete TITLE TITLE NAME SCHIUMERINI, JUAN C NAME STREET ADDRESS STREET ADDRESS 633 N.E. 167 ST SUITE 616 CITY-ST-7IP CITY-ST-ZIP N. MIAMI BEACH FL 33162 ☐ Change ☐ Addition Delete TITLE NAME PINEIRO, ORLANDO J NAME STREET ADDRESS 633 N.E. 167 ST SUITE 616 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33162 SB TESORERO ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME DIAZ, GUSTAVO A NAME STREET ADDRESS 633 N.E. 167 ST SUITE 616 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33162 500retor Delete TITLE ☐ Change ☐ Addition TITLE Jorge/L DONATI NAME NAME STREET ADDRESS STREET ADDRESS 1978 NE 149 Street CITY-ST-ZIP CITY-ST-ZIP North miami TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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 truetee expowered 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR