

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111489

1. Entity Name  
WORLDCLEAN, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90170 021 \*\*\*150.00

Principal Place of Business  
4481 W. MCNAB ROAD #18  
POMPANO BEACH FL 33069

Mailing Address  
4481 W. MCNAB ROAD #18  
POMPANO BEACH FL 33069

000001180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3924 NW 73 Ave  
Suite, Apt. #, etc.

3. Mailing Address  
3924 NW 73 Ave  
Suite, Apt. #, etc.

City & State  
Coral Springs, FL  
Zip 33065 Country US

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Coral Springs FL  
Zip 33065 Country US

4. FEI Number  
65-1057229  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
COQUIS, MARIO  
4481 W. MCNAB ROAD #18  
POMPANO BEACH FL 33069

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 Mario Coquis president 4-26-01  
(NOTE: Registered Agent signature required when reinstating) DATE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	TITLE	
NAME	COQUIS, MARIO	NAME	
STREET ADDRESS	4481 W. MCNAB ROAD #18	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mario Coquis MARIO COQUIS 4-26-01 255 00 11  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000085

CR2E034 (10/00)