

8/5/

**FILED**  
**Aug 15, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90003 004 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000005380**

1. Entity Name  
**ROJAS CLEAN, INC.**

Principal Place of Business  
**901 SW 5 AVE. #2**  
**MIAMI FL 33130**

Mailing Address  
**901 SW 5 AVE. #2**  
**MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**KZ 65-1067845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROJAS, JORGE R**  
**901 SW 5 AVE, #2**  
**MIAMI FL 33130**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP**  
**ROJAS, JORGE R**  
**901 SW 5 AVE, #2**  
**MIAMI FL 33130** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08-02-02**

Date

**(305) 8546871**

Daytime Phone #

CR2E034 (4/02)

Attachment 41534

August 2, 2002

Division of Corporations  
Uniform Business Reports  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Annual Report  
Rojas Clean, Inc.  
Certificate P 01000005380

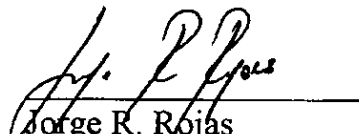
Attached please find annual Renewal Report for the above mentioned corporation and the check in the amount of \$ 150.00 Fees.

I did not received the renewal report on time to file.

Please accept the 150.00 Dollars payment and wave the penalty for being late.

If further information is needed please contact me.

Sincerely,

  
Jorge R. Rojas  
901 SW 5 Avenue # 2  
Miami, Florida 33130

NOTE: In some time, the mail was going late to get confuse. This is frist warning that I get it