

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

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90035 034 \*\*\*150.00

DOCUMENT # PO1000023410  
1. Entity Name MC CLEANING & MAINTENANCE, INC.  
7925 Meridian St. CM Cleaning?  
MIRAMAR FL 33023 Maintenance, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>438 NE 210 St. cir</u>		3. Mailing Address <u>438 NE 210 St circle in</u>	
Suite, Apt. #, etc. <u>APT. 203</u>		Suite, Apt. #, etc. <u>APT. 203</u>	
City & State <u>NORTH MIAMI, FL</u>		City & State <u>NORTH MIAMI, FL</u>	
Zip <u>33179</u>	Country <u>USA</u>	Zip <u>33179</u>	Country <u>USA</u>

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name CLAUDIO CATAFANO  
Street Address (P.O. Box Number is Not Acceptable)  
438 NE 210 St circle APT. 203  
City NORTH MIAMI FL Zip Code 33179

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] DATE 2/20/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00.**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE	<u>CLAUDIO CATAFANO - P</u>
NAME	<u>438 NE 210 St circle A 203</u>
STREET ADDRESS	<u>NORTH MIAMI FL 33179</u>
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/20/02 (305) 999-9681  
Daytime Phone #

CR2E034B (12/01)