## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # P01000027737 1. Entity Name 05-06-2002 90040 003 \*\*\*150.00 JAAR CLEANING, INC. Principal Place of Business Mailing Address 800 N.E. 195 GT. #413 800 N.E. 198 ST. 3413 MIANI FL 83179 NEW ADDRESS: 2. Principal Place of Business 3. Mailing Address 75 N.E 202 TERRACE 75 NE. 202 TERRACE # 6-10 Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NORTH MIAHI BEACH NORTH MIBMI BEACH, Fl. 65-1087092 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S. A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGUILAR JOSE AGUILAA, JOSE A Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33 189 75 N.E 202 TENRACE NORTH MIAMI BEACH 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 4-22-02 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE AGUILAR JOSE A. ☐ Addition aguilar, Jose a NAME NAME 75 N.E 202 TERRACE \$10 STREET ADDRESS 800 N.E. 195 ST. #413 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33179 NORTH MIAMI BEACH, FI. 33179 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIE CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition