2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000031222 **DOCUMENT #**

1. Entity Name

FIVE STAR CLEANING U.S.A., INC.



Apr 28, 2003 8:00 am Secretary of State

Principal Place of Business Mailing Address 500 NW 141ST AVENUE #208 500 NW 141ST AVENUE #208 PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 Principal Place of Business Mailing Address 4152 Forest 50 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-1094422 Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FIXMAN, RANDY Street Address (P.O. Box Number is Not Acceptable) 500 NW 141ST AVENUE #208 PEMBROKE PINES FL 33028 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 are the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Addition TITLE Randy Fixman FIXMAN, RANDY NAME NAME 500 NW 141ST AVENUE #208 Forest Arive STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE GERDIN, MICHELLE NAME NAME STREET ADDRESS 500 NW 141ST AVENUE #208 STREET ADDRESS 52 Forest Drive PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP TITLE -Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS 11 CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.