

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90770 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000036829 1. Entity Name EXCELLENCE CLEANING CORPORATION			
Principal Place of Business 13192 SW 23RD STREET MIAMI, FL 33175		Mailing Address 13192 SW 23RD STREET MIAMI, FL 33175	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 13436 S.W. 62 ST. Suite, Apt. #, etc. STE. H-101	
City & State		City & State MIAMI, FL.	
Zip 33183	Country DADE	4. FEI Number 65-1103906	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, WILMER A 16258 SW 97 TERR MIAMI, FL 33196		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. 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's signature required when submitting)			
FILING NOW WILL BE \$150.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to the Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, WILMER A 16258 SW 97 TERR MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, MARITZA 13436 SW 62ND STREET MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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	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
12. 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 907, 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.			
SIGNATURE: <i>Maritza Rodriguez</i>		Date: 4/25/03	

90118009



☐ CHECK HERE IF MAKING CHANGES.

CR2034 (10/02)