## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** P01000041777 DOCUMENT # 1. Entity Name CLEANING.COM, INC.

## **FILED** Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90089 019 \*\*\*150.00

| CITY-ST-ZIP  PEMBROKE PINES FL 33026  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  |  |                 |                            |                        |                      |       |   |                               |                                     |                   |               |            |  |
|---|--|-----------------|----------------------------|------------------------|----------------------|-------|---|-------------------------------|-------------------------------------|-------------------|---------------|------------|--|
| 2. Principal Place of Business  Suite, Act. #, etc.  Suite, Act. #, etc.  City & State    | 1261W. GOLF VIEW DRIVE   |                 |                            | 1261W. GOLF VIEW DRIVE |                      |       |   |                               | 11008482                            |                   |               |            |  |
| Subs. Apt. #, etc.  City & State  City & Sta    | PEMBROKE PI  | NES FL 33021    | 5                          | PEMB                   | ROKE PINES FL 3303   |       |   |                               |                                     |                   |               |            |  |
| City & State  Country  Country  Country  Country  Country  S. Countr    | 2. Principal P   | lace of Busin   | ess                        | 3. Mailing Address     |                      |       |   |                               |                                     |                   |               |            |  |
| Second   S      | Suite, Apt.  | #, etc.         |                            | Suite, Apt. #, etc.    |                      |       |   |                               | ☐ CHECK HERE IF MAKING CHANGES      |                   |               |            |  |
| S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (PO. Box Number is Not Acceptable)  FL. Zip Code  FL. Zip Code  FL. Zip Code  Street Address of Post in the State of Portice. I am familiar with, and accept into obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept into obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept into obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept menor obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept menor obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept menor obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept menor obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept menor obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept menor obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept menor obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept menor obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept menor obligatories of registered obligatories of registered agent, or both, in the State of Portice. I am familiar with, and accept menor obligatories of reg    | City & Stat  | e               |                            | City & State           |                      |       | 4.  | FEI Number <b>65-109866</b> 1 |                                     |                   | ·             |            |  |
| SITVA_GERNANDO 9900 STIRLING ROAD SUITE 211 COOPER CITY FL 33024  6. 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 hamillar with and accept the changedone of registered agent, or both, in the State of Florida. I am hamillar with and accept the changedone of registered agent, or both, in the State of Florida. I am hamillar with and accept the changedone of registered agent, or both, in the State of Florida. I am hamillar with and accept the changedone of registered agent, or both, in the State of Florida. I am hamillar with and accept the changedone of registered agent, or both, in the State of Florida. I am hamillar with and accept the change of the chan    | Zip  | Country         |                            |                        | Zip Coun             |       | try   | 5.                            | Certificate of Status Desired       |                   |               |            |  |
| SILVA, GERNANDO 9900 STRUING ROAD SUITE 211 COOPER CITY FL 33024 City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent.  SIGNATURE  | 6. Name and Address of Current Registered Agent  |                 |                            |                        |                      |       | 7. Name and Address of New Registered Agent |                               |                                     |                   |               |            |  |
| Series Address (P.C. Box Number is Not Acceptable)    Street Address (P.C. Box Number is Not Acceptable)  |  |                 |                            |                        |                      |       | Name  |                               |                                     |                   |               |            |  |
| SUITE 211 CCOPER CITY FL 33024    City   FL   Zip Code  | •  |                 |                            |                        | Street Address       |       |   | iress (P.O. I                 | (P.O. Box Number is Not Acceptable) |                   |               |            |  |
| 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, hyper or prictic name of registered agent and tibe it applicable.  NAME  FILE NOW!!! FEE IS \$150.09  After May 1, 2003 Fee Vittleto \$550.00  After May 1, 2003 Fee Vittleto \$550.00  Make Check Payable to Electida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE, NAME  RODRIGUEZ, ANA  1261W, GOLF VIEW DRIVE  PEMBROKE PINES FL 33026  CITY-S1-2P  TILE  Delete  TILE  NAME  SIRET ADDRESS  CITY-S1-2P  TILE  Delete  TILE  Delete  TILE  NAME  SIRET ADDRESS  CITY-S1-2P  TILE  Delete  TILE  D |  |                 |                            |                        |                      |       |   |                               |                                     |                   |               |            |  |
| the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.09  | COOPER CITY FL 33024   |                 |                            |                        |                      |       |   | City                          |                                     |                   | Zip Code      | 9          |  |
| FILE NOW!!! FEE IS*\$150.00 After May 1, 2003 Fee Wilth 95 \$50.00 Make Check Payable to Eloxida Department of State  10. OFFICERS AND DIRECTORS  |  |                 |                            |                        |                      |       |   |                               |                                     |                   |               |            |  |
| After May 1, 2003 Fee brith tas \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE NAME PD RODRIGUEZ, ANA SIRRET ADDRESS CITY-ST-2P PEMBROKE PINES FL 33026  ITILE CESARE, DAVID D CESARE COPY-ST-2P CITY-ST-2P  ITILE NAME SIRRET ADDRESS CITY-ST-2P  ITILE NAME S   | SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |                 |                            |                        |                      |       |   |                               |                                     |                   |               |            |  |
| After May 1, 2003 Fee brith tas \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE NAME PD RODRIGUEZ, ANA SIRRET ADDRESS CITY-ST-2P PEMBROKE PINES FL 33026  ITILE CESARE, DAVID D CESARE COPY-ST-2P CITY-ST-2P  ITILE NAME SIRRET ADDRESS CITY-ST-2P  ITILE NAME S   |  |                 |                            |                        |                      |       |   |                               |                                     |                   |               |            |  |
| TITLE RODRIGUEZ, ANA 1261W. GOLF VIEW DRIVE PEMBROKE PINES FL 33026   | After May 1, 2003 Fee will be \$550.00   |                 |                            |                        |                      |       |   |                               |                                     |                   |               |            |  |
| TITLE RODRIGUEZ, ANA 1261W. GOLF VIEW DRIVE PEMBROKE PINES FL 33026   |  | <del></del>     |                            |                        | RS                   | 11.   |   | Al                            | DDITIONS/CHANGES TO OF              | FICERS AND (      | DIRECTORS     | 3 IN 11    |  |
| RODRIGUEZ, ANA 1261W. GOLF VIEW DRIVE CITY-ST-ZIP PEMBROKE PINES FL 33026  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CESARE, DAVID D 1261W. GOLF VIEW DRIVE PEMBROKE PINES FL 33026  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHANGE ADDRESS    |  | PD              | 01110211011112             |                        |                      | _     |   | , .                           |                                     |                   |               |            |  |
| CITY-ST-ZIP PEMBROKE PINES FL 33026  CITY-ST-ZIP  TITLE VPD CESARE, DAVID D STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                 | Z, ANA                     |                        | 000to                |       |   |                               |                                     |                   |               |            |  |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | STREET ADDRESS   | 1261W. G        | olf view drive             |                        |                      | STRE  | ET ADDRESS                                  |                               |                                     |                   |               |            |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | CITY-ST-ZIP  | PEMBROK         | e Pines FL 33026           |                        |                      | CITY  | -ST-ZIP                                     |                               | •                                   |                   |               |            |  |
| STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  | TITLE _  | VPD             |                            |                        | · Delete             | TITLE |   |                               |                                     |                   | Change        | ☐ Addition |  |
| CITY-ST-ZIP   PEMBROKE PINES FL 33026   | NAME   |                 |                            |                        |                      | NAM   | E   |                               |                                     |                   |               |            |  |
| TITLE   | STREET ADDRESS   |                 |                            |                        |                      | STRE  | ET ADDRESS                                  |                               |                                     |                   |               |            |  |
| NAME  | CITY-ST-ZIP  | PEMBROK         | E PINES FL 33026           |                        |                      | CITY  | -ST-ZIP                                     |                               | - take of take of - ET. T.          |                   |               |            |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TITLE  |                 |                            |                        | ☐ Delete             |       |   |                               |                                     |                   | Change        | Addition   |  |
| CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  |  |                 |                            | <u></u>                | <del></del>          |       |   |                               |                                     |                   |               |            |  |
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| CITY-ST-ZIP  | STREET ADDRESS   |                 |                            |                        |                      |       |   |                               |                                     |                   |               |            |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  CITY-ST-ZIP   | CITY-ST-ZIP  |                 |                            |                        |                      | CITY  | -ST-ZIP                                     |                               |                                     |                   |               |            |  |
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| CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP  | NAME .   |                 |                            |                        |                      | NAM   | E   |                               |                                     |                   |               | {          |  |
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| NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   | CITY-ST-ZIP  |                 |                            |                        |                      | CITY  | -ST-ZIP                                     |                               |                                     |                   |               |            |  |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  | TITLE  |                 |                            |                        | ☐ Delete             |       | 1   |                               |                                     |                   | Change        | ☐ Addition |  |
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|   |  | Oreific abox #5 | information available with | thin filin-            | door not cualify In- |       |   | l in Contine                  | 110 07/2\(i) Florido Statutos       | I further service | u that tha is | oformation |  |

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

**SIGNATURE:** 

Daytime Phone #