FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 10, 2002 8:00 am Secretary of State P01000043980 DOCUMENT # 05-08-2002 90058 021 ***150.00 1. Entity Name FRANCO'S CLEANING SERVICES COMPANY Principal Place of Business Mailing Address 7000 COUTH COLONY CINCLE -7000 COUTH COLONY CINCLE -CUITE-201-CHITE-201-TAMARAO-FL-00021-0010-TAMARIAG-FL 00021-0010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE P.O. BOX 451475 P.O. BOX 451475 4. FEI Number 65–1101827 City & State City & State Applied For SUNRISE. SUNRISE. FLORIDA FLORIDA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33345-1475 33345-1475 U.S. Fee Required U.S 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent FRANCO, ROBERT Street Address (P.O. Box Number is Not Acceptable) -7000 SOUTH COLONY CIRCLE 301 -SUITE-201--TAMARAO FL/88821-8910-3330 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Delete TITLE ☐ Addition TITLE NAME NAME FRANCO, ROBERT P.O. BOX 451475 STREET ADDRESS STREET ADDRESS 7000 SCUTH COLONY CIRCLE CUITE 201 SUNRISE, FL 33345-1475 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL-33321 0910-☐ Defete TITL F Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE... ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITL F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.