

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90067 031 ***158.75

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1. Entity Name
R.M. CLEANING CORPORATION



Principal Place of Business
**5261 WATER VISTA DR.
ORLANDO FL 32821**

Mailing Address
**5261 WATER VISTA DR.
ORLANDO FL 32821**



2. Principal Place of Business

7031 Grand National Drive

3. Mailing Address

7031 Grand National Drive

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

109

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

Orange

Zip

32819

Country

Orange

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3722169**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTINS, GABRIELA DE C
5261 WATER VISTA DR.
ORLANDO FL 32821**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DE CASTRO, MARIZA J**
STREET ADDRESS **5261 WATER VISTA DR.**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☐ Delete
NAME **MARTINS, GABRIELA DE C**
STREET ADDRESS **5261 WATER VISTA DR.**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☐ Delete
NAME **MARTINS, RODRIGO DE C**
STREET ADDRESS **5261 WATER VISTA DR.**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-03

Date

Daytime Phone #

CR2E034 (10/02)