FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 FEB 24 AM 8:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000064901

1. Entity Name
MARIAH'S JANITORIAL INC.

W03000034620

DO NOT WRITE IN THIS SPACE

200021698212
11/14/03--01011--001 **550.00

REINSTATEMENT 02-04

2. Principal Place of Business	3. Mailing Address
7968 N.W 200 ST	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33147 Country: U.S.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651117730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIA L. ESPINOZA

Street Address (P.O. Box Number is Not Acceptable): 7968 N.W. 200 ST

City: MIAMI **FL** Zip Code: 33147

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: (X) _____ 10/29/03
Signature of an officer or director of the corporation and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P NAME: MARIA L. ESPINOZA STREET ADDRESS: 7968 NW 200 ST CITY-ST-ZIP: MIAMI FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200021698212 02/24/04--01058--004 **500.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 02-03
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: (X) _____ 10/29/03 cell 305 962-7392 305-816-7808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #