2002 UNIFORM BUSINESS REPORT (UBR)									FILED Jan 11, 2002 8:00 am						
DOCUMENT # P01000070050										, 200 tary				7.4 A	
RICHIE PA	MNTING-	& PRESSURE	CLEA	NING, INC.	·					002 90016				· _\$	
Principal Place 5326 NW / STM LAUDERHILL FI	(STAERT L 33313 W 477	ERR#320		Mailing Address 5386/NV/1914 STREET LAUDERHILL FL 33313 3101 NW 47-TERR +320 LAUDERONLE LAKES F133719											
AUDERDALE Lokes F133319 2. Principal Place of Business 3101 NWATERR Suite, Apt. #, etc.				3. Mailing Address 3101 NW 47 TERR Suite, Apt. #, etc. 32.0				DO NOT WRITE IN THIS SPACE							
Landardale laker F1				LAUdoldale la		akes Fl		FEI Numbe	1/2/9	67		\rightarrow	plied For t Applicable]	
33319	Gountry U 5 A 6. Name and Address of Current		4	33319	Country USH	Country USA			of Status De	sired	Fee	75 Add Required			
8. The above	197H STRE LL FL/3331 named omig KZ	#321 3 1AUG 33319) ent for th	47 TERT dale lakes e purpose of changing its DACKE What is applicable. (NOT)		3/01 DityLAu office or re	Press (P.O. E Nw Les des des gistered ag	47 ale & gent, or both	TER	eptable) R ‡ e of Florida.	132 FL 3	0 1337 1337	<i>9</i>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)				FILE NOW!!! FEE IS \$150.0 After May 1, 2002 Fee will be \$55 Make Check Payable to Department			0.00 of State	Trus	st Fund Cor			Added	May Be to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5328 NW	OFFICERS OD, RIOHIE 19TH STREET LL FL 33313	AND DIF	ECTORS	12. TITLE NAME STREET AI CITY-ST-		Black Black Black Soin	Kuso	RICH	O OFFICER VIIARI VARU L+31 Kes 3:	0	ECTORS Change	Addition	CR2E034 (9/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3161 M	WOUD LES	たん ず	RD □ Delete 73 20 F/33319	TITLE NAME STREET AI CITY-ST-	DDRESS 3	RICHA	wo B	IACKU TEKR Leke	19 030 #320 3331	, –	Change	☐ Addition	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST-							Change	☐ Addition	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AI CITY-ST-							Change	Addition		
TITLE NAME				☐ Delete	TITLE NAME STREET A	DORESS						Change	☐ Addition		

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.

SIGNATURE:

| SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daylime Prome #

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

Change

Addition