FILED
May 29, 2002 8:00 am
Secretary of State
04-21-2002 90912 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070167

1. Entity Name
H.D. CLEANING SERVICES AND CONDOMINIUM MAINTENANCE S.A.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7149 BAY DRIVE	
Suite, Apt. #, etc. # 9	Suite, Apt. #, etc.
City & State MIAMI BEACH FL	City & State
Zip 33141 Country MIAMI DADE	Zip Country

4. FEI Number 65-1141531 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name HECTOR DORTA

Street Address (P.O. Box Number is Not Acceptable)
7149 BAY DRIVE # 9

City MIAMI BEACH FL Zip Code 33141

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT
NAME	MARIA E. CAMACHO.
STREET ADDRESS	7149 BAY DRIVE #9
CITY-ST-ZIP	MIAMI BEACH, FL 33141.
TITLE	VICE-PRESIDENT
NAME	HECTOR DORTA
STREET ADDRESS	7149 BAY DRIVE #9
CITY-ST-ZIP	MIAMI BEACH, FL 33141.
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: _____ 4/4/02 (786)554-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #