FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State P01000084478 DOCUMENT # 1. Entity Name CLEAN-UP CONCEPTS, INC. 02-20-2002 90109 044 ***150.00 Principal Place of Business Mailing Address 14840 SW 148TH STREET CIRCLE 14840 SW 148TH STREET CIRCLE MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee:Required: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZORRILLA, MARIBEL Street Address (P.O. Box Number is Not Acceptable) 14840 SW 148TH STREET CIRCLE MIAMI FL 33196 City Zip Code 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change Addition CR2E034 (9/01 TITLE ☐ Delete Glisetm. Perez 14840 sw 148 star ZORRILLA, MARIBEL NAME NAME 14840 SW 148TH STREET CIRCLE STREET ADDRESS STREET ADDRESS minmi, FC 33196 MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete 🔽 Change TITLE TITLE Ez. Rolando PEREZ, ROLANDO NAME NAME 14840 sw 148stiin STREET ADDRESS 14840 SW 148TH STREET STREET ADDRESS FC33194 MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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