

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90079 024 ***150.00

DOCUMENT # P01000088292

1. Entity Name
A2Z CLEANING INC.



Principal Place of Business
1907 BREEZY HILL DR.
WINDERMERE FL 34786

Mailing Address
1907 BREEZY HILL DR.
WINDERMERE FL 34786



2. Principal Place of Business

5850 lakehurst DR

3. Mailing Address

5850 lakehurst DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

150-18

150-18

City & State

City & State

Orlando FL

Orlando FL

Zip

Zip

32819

32819

Country

Country

U.S.A.

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3742728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORO, RUBEN D
7345 SAND LAKE DR
204
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Liliosa Bento

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

5850 lakehurst DR

suite 150-18

City

Orlando

FL

Zip Code

32819

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

03/04/03

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 DP ☐ Delete
NAME BENTO, LILIOSA A
STREET ADDRESS 5529 SPRING RUN AVE.
CITY-ST-ZIP ORLANDO FL 32819

TITLE DS ☐ Delete
NAME ALMEIDA, ROSANA
STREET ADDRESS 1907 BREEZY HILL DR.
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Almeida Rosana
STREET ADDRESS 8113 BREEZY COVE LANE
CITY-ST-ZIP ORLANDO, FL 32819

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

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

03/04/03

Date Daytime Phone #

CR2E034 (10/02)