FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91777 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093200

1. Entity Name
FLOWERS CLEANING SERVICES CORP.

V 11041124

Principal Place of Business	Mailing Address
8000 SW 149 AVE #416 MIAMI, FL 33193	PO BOX 0723 MIAMI, FL 33296

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16451 SW 97 Terr	16451 SW 97 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NIAMI FL	City & State: NIAMI FL
Zip: 33196 Country: USA	Zip: 33196 Country: USA

4. FEI Number: 65-1141836 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORES, MARY J 8000 SW 149 AVE #416 MIAMI, FL 33193	Name: Street Address (P.O. Box Number is Not Acceptable): 16451 SW 97 Terr City: NIAMI FL Zip Code: 33196

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: X Mary Flores — 04-30-03

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	FLORES, MARY J		NAME		
STREET ADDRESS	8000 SW 149 AVE #416		STREET ADDRESS	16451 SW 97 Terr	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FLORES, CHRISTAIN P		NAME		
STREET ADDRESS	8000 SW 149 AVE #416		STREET ADDRESS	16451 SW 97 Terr	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	NIAMI, FL 33196	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: + Mary Flores — 04-30-03 — 305-383-3396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #