## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 18, 2002 8:00 am Secretary of State DOCUMENT # P01000097469 1. Entity Name 07-18-2002 90132 021 \*\*\*150.00 W B G CLEANING SERVICES, INC. Principal Place of Business Mailing Address 1531 N W 52ND STREET 1531 N W 52ND STREET MIAMI FL 33143 **MIAMI FL 33143** 2. Principal Place of Business 3. Mailing Address 1531 NW 52rd afreet 531 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEST, CASSANDRA Street Address (P.O. Box Number is Not Acceptable) 1531 N W 52ND STREET MIAMI FL 33143 City Zip Code 8. The above named entity submits this statement for the ose 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible, FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WEST: CASSANDRA NAME STREET ADDRESS 1531 N W 52ND STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

7/5/02

(305)8359393

☐ Change

Addition

Hacknest 101000097469 108 URB Phis is a letter of request to waine the late fee of \$1400.00 Charged to WBG Cleaning Dervice Inc due to corporation not recieucing notice to pay \$150.00 injoination ur Grinual fee for our company. De pay for annual URB Fee.

Please accept this check written

your president Ms Cassardra West

Tor URB. gue un a Call at your Convience. Call at your Convience. 786 859-3437 Cassardra West 786 457-7418 Shalon Bess 305 761-**4387** Irwa Glaze