

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103381

1. Entity Name:
LIKE NEW ULTRASONIC BLIND CLEANING PLUS, INC.

Principal Place of Business
20050 NW 33RD AVE
MIAMI FL 33056

Mailing Address
20050 NW 33RD AVE
MIAMI FL 33056

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-28-2002 90714 038 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
650429294

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALEXANDER, JASMINE
20050 NW 33RD AVE
MIAMI FL 33056

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *Jasmine Alexander*

05-01-02

(NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 NAME
PD ALEXANDER, JASMINE ☐ Delete
STREET ADDRESS
20050 NW 33RD AVE
CITY-ST-ZIP
MIAMI FL 33056

TITLE NAME
VTD ALEXANDER, CLEVER ☐ Delete
STREET ADDRESS
20050 NW 33RD AVE
CITY-ST-ZIP
MIAMI FL 33056

TITLE NAME
SD RANDALL, CATHLIN ☐ Delete
STREET ADDRESS
17815 NW 20TH AVE
CITY-ST-ZIP
MIAMI FL 33169

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jasmine Alexander*

05-01-02 305 621-7307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E084(9/01)