

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-18-2002 90016 024 ***150.00

DOCUMENT # P01000103978

1. Entity Name

CLEANKING.COM, INC.

Principal Place of Business

Mailing Address

**2774 N UNIVERSITY DRIVE
SUNRISE FL 33322**

**2774 N UNIVERSITY DRIVE
SUNRISE FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0033635-012412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PERANIO, ALLAN

3821 N.E. 27 AVE

SUNRISE FL 33064 Lighthouse Point, FLA. 33064

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)

DATE

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 ☐ Delete

President
PERANIO, ALLAN -
3821 NE 27 AVE
LIGHTHOUSE POINT FL 33064

TITLE ☐ Delete

Vice President
Louise Peranio
3821 N.E. 27 AVE
Lighthouse Point, FL 33064

TITLE ☐ Delete

Secretary, Treas.
Christine Peranio
3821 N.E. 27 AVE
Lighthouse Point, FL 33064

TITLE ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)