

FILED
Sep 03, 2002 8:00 am
Secretary of State

08-13-2002 90228 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000106588

1. Entity Name

AF CLEANING, INC

870630

Principal Place of Business

Mailing Address

1547 LAKE CRISTAL DR #B
WEST PALM BEACH FL 33411

1547 LAKE CRISTAL DR #B
WEST PALM BEACH FL 33411

2. Principal Place of Business

17853 THELMA AVENUE

3. Mailing Address

17853 THELMA AVENUE

Suite Apt. #, etc.

Suite Apt. #, etc.

APT #E

APT #E

City & State

JUPITER, FLORIDA

City & State

JUPITER, FLORIDA

Zip

33458

Country

USA

Zip

33458

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0030151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDES, ADIL A

1547 LAKE CRISTAL DR #B

WEST PALM BEACH FL 33411

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

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

12. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FERNANDES, ADIL A**
 STREET ADDRESS **1547 LAKE CRISTAL DR #B**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address with all other like empowered.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/07/02

561 471-0211

Date

Daytime Phone #