FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 14, 2002 8:00 am § Secretary of State P01000109112 DOCUMENT # 1. Entity Name 05-14-2002 90303 007 ***150.00 CELIA'S FAST CLEANING SERVICES INC. Principal Place of Business Mailing Address 4678 CARAMBOLA CIRCLE NÓRTH 4678 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIZARRAGA, MARY C Street Address (P.O. Box Number is Not Acceptable) 10911 JEWELL BOX LANE TAMARAC FL 33321 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be "Tax filling requirement and elects to do so." After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change ☐ Addition ORTIZ, CELIA NAME NAME 4678 CARAMBOLA CIRCLE NORTH STREET ADDRESS COCONUT CREEK FL 33066 CITY-ST-ZIP **VD** ☐ Delete TITLE Change ☐ Addition ORTIZ. JORGE A NAME 4678 CARAMBOLA CIRCLE NORTH STREET ADDRESS **COCONUT CREEK FL 33066** CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete STD TITLE Change ☐ Addition NAME ORTIZ, ALFREDO NAME STREET ADDRESS 4678 CARAMBOLA CIRCLE NORTH STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33066 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE □ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNA

4/2/02

954-926-455

Daytime Phone