## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2002 8:00 am Secretary of State DOCUMENT # P01000115254 1. Entity Name BANKS ENVIRO-CLEANING INC. 05-17-2002 90029 010 \*\*\*158.75 Principal Place of Business Mailing Address 2771 NW 152 TERRACE 2771 NW 152 TERRACE OPA LOCKA FL 33054 OPA LOCKA FL 33054 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 0511510497 Not Applicable Zip. Country Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BANKS, EMOUNTE -Street Address (P.O. Box Number is Not Acceptable) 2771 NW 152 TERRACE OPA LOCKA FL 33054 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 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (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 (9/01) ☐ Change Addition NAME BANKS, EMOUNTE NAME STREET ADDRESS 2771 NW 152 TERRACE STREET ADDRESS E034 CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition BANKS, SHANEKA NAME STREET ADDRESS 2771 NW 152 TERRACE STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33054 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)

FILED