

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90054 040 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000116452
 1. Entity Name
MI AMPARITO CLEANING COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4647 NW 3RD DRIVE Suite, Apt. #, etc.	3. Mailing Address 4647 NW 3RD DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State DELRAY BEACH, FLORIDA	City & State DELRAY BEACH, FLORIDA	4. FEI Number 04-3594790	Applied For Not Applicable
Zip 33445	Country USA	Zip 33445	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LUZ TOVAR

Street Address (P.O. Box Number is Not Acceptable)
6042 WAUCONDA WAY EAST

City
LAKE WORTH FL Zip Code
33463

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 _____ DATE _____
Signature, typed or printed name of registered agent and UBR if applicable. (NOTE: Registered Agent signature required when reissuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD AMPARO VELASQUEZ TOVAR 4647 NW 3RD DRIVE DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSCAR VELASQUEZ 4647 NW 3RD DRIVE DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Amparo Velasquez Tovar **AMPARO VELASQUEZ TOVAR, PRES.** Date: **4/27/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)