

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

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90094 022 ***158.75

DOCUMENT # P 01000118297

1. Entity Name

ERIK'S CLEANING SERVICES, INC



DO NOT WRITE IN THIS SPACE

90138579

2. Principal Place of Business

858 Reflection Lane

3. Mailing Address

858 Reflection Lane

Suite, Apt. #, etc.

Weston

Suite, Apt. #, etc.

Weston

City & State

Weston

City & State

Weston

4. FEI Number

80-0006196

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Martha Posada

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

858 Reflection Lane

City

Weston

FL

Zip Code

33327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Martha E. Posada, President

5-31-03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when remaining)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Raul Posada
STREET ADDRESS	858 Reflection Lane
CITY-ST-ZIP	Weston FL 33327

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL POSADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-03

Date

854-347-8042

Daytime Phone #

CR2E034B (12/02)