

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90280 022 ***150.00

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DOCUMENT # P02000036877

1. Entity Name
MIRACLE CLEANING SERVICE, INC.



Principal Place of Business
**1002 EAST OAK ST.
APOPKA FL 32703**

Mailing Address
**1002 EAST OAK ST.
APOPKA FL 32703**

2. Principal Place of Business
6401 LYNN RD.
Suite, Apt. #, etc.

3. Mailing Address
6401 LYNN RD.
Suite, Apt. #, etc.

City & State
ORLANDO, FL.

City & State
ORLANDO, FL.

4. FEI Number
03-0433032

Applied For
Not Applicable

Zip
32810

Country
USA

Zip
32810

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PROFESSIONAL ACCOUNTANTS & CONSULTANTS, IN
2074 WENTHWORTH CIR
ALTAMONTE SPRINGS FL 32716-078**

7. Name and Address of New Registered Agent

PROFESSIONAL ACCOUNTANTS & CONSULTANTS INC
Street Address (P.O. Box Number is Not Acceptable)
6955 HANGING MOSS RD. STE 106
City **ORLANDO** FL Zip Code **32807**

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 **DANIEL ALVAREZ**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/21/07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PS PEREDES, MARIANA J 1002 EAST OAK ST. APOPKA FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S MARIANA J. PEREDES 6401 LYNN RD ORLANDO, FL. 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARIANA PEREDES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/21/03** (407) 677-1194
Daytime Phone #

CR2E034 (10/02)