

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

05-21-2003 90081 046 ***150.00

DOCUMENT # P02000049082

1. Entity Name
NEW HOUSE PRESSURE CLEANING CORP.



Principal Place of Business
**9000 ROYAL PALM BLVD #108
CORAL SPRINGS FL 33065**

Mailing Address
**9000 ROYAL PALM BLVD #108
CORAL SPRINGS FL 33065**

55050148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3052657

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPAN0 BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

MIGUEL A ZAMBRANO

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

9000 ROYAL PALM BLVD #108

City

CORAL SPRING

FL

Zip Code

33065

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

MIGUEL A ZAMBRANO

MIGUEL A ZAMBRANO

JUNE 10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PT** ☐ Delete
NAME **ZAMBRANO, MIGUEL**
STREET ADDRESS **9000 ROYAL PALM BLVD #108**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PS** ☐ Delete
NAME **ZAMBRANO, JUAN CARLOS**
STREET ADDRESS **4701 LYONS RD LOT 78**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MIGUEL A ZAMBRANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03 (954) 394-3853

Date

Daytime Phone #

CR2E034 (10/02)