

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90192 005 ***150.00

DOCUMENT # P02000056386

1. Entity Name
SPARKLING PROFESSIONAL CLEANING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8939 SW 21st Court Suite, Apt. #, etc. apt E City & State BOCA RATON, FLORIDA Zip 33433	3. Mailing Address 8939 SW 21st Court Suite, Apt. #, etc. apt E City & State BOCA ROTON, FLORIDA Zip 33433 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0688466	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARCOS REZENDE
Street Address (P.O. Box Number is Not Acceptable) 829 SE 9th ST SUITE 201B PALM PLAZA
City DEERFIELD BEACH FL Zip Code 33441

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

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME DOUGLAS S SOUZA
STREET ADDRESS 8939 SW 21st COURT E
CITY-ST-ZIP BOCA RATON, FL 33433

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

954-709-7693

Daytime Phone #