2003 FOR PROFIT CORFORATION UNIFORM BUSINESS REPORT (UBR)/

FILED Apr 07, 2003 8:00 am Secretary of State

DOCUMENT # P02000057622 1. Entity Name A & V BROTHERS, INC. A Klean Sweep, Inc.					03-24-2003	90185 007 ***	ʻ150.00	
Principal Pla 5248 S.W. 93 COOPER CIT		Mailing Address 5248 S.W. 93RD AVE. COOPER CITY FL 33328	7					
2. Principal 258	Place of Business NW 99 Avenue	3. Mailing Address 3582 NW	19 Arenu	9				
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	,)	CHECK HERE	F MAKING CHANG	SES	
	Borinas, FL	Coral Spn re	15 P		4. FEI Number 644 912	7	Applied For Not Applicable]
<u>3</u> 330	S USA	33005	Country		5. Certificate of Status Desired	□ \$8.75 Fee Req	Additional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
PAGLIUCO	D, DONNA		· [m	hony taginco			
1	. 93RD AVE. City FL 33328		ేవకు	88	NW 99 Avenu	ا		-
000121			City	oral	Springs *	FL Zag	in the second	
	e named entity submits via statement to	the purpose of changing its re	egistered office or	registere	ed agent, or both in the State of Flor		ith, and accept	
the obligations designstered (gef). SIGNATURE 3 1803								
Signaturel typed or Infleed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DINTE								
· Afte	FILE NOW!!! FEE IS \$150.00 Ir May 1, 2003 Fee will be \$550.00				Election Campaign Fina Trust Fund Contribution.		5.00 May Be ded to Fees	l
Make Chec	k Payable to Florida Department of OFFICERS AND D	<u> </u>	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 11	
TITLE	D	Delete	TITLE 🎾	Ant	thony Pagliuco	Chan		7/02)
NAME Street Address	PAGLIUCO, DONNA 5248 S.W. 93RD AVE.		NAME STREET ADDRESS	45	BJ NM dd Aven	ue_		CR2E034 (10/02)
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CATY-ST-ZIP				ļ	
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 two and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered. Legacy to 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 attactment with an address, with all other time empowered.								
SIGNATURE: STATES SEQUIRED 3/2/03 934-340-4376								
COUNT		ITED NAME OF SIGNING OFFICER OR I	DIRECTOR		- Joans	Daytime Phone		