

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90165 014 \*\*\*150.00

**DOCUMENT # P02000061155**

**1. Entity Name**  
**BRILLIANT CLEANING CORPORATION**



**Principal Place of Business**  
675 S ECONLOCKHATCHEE TRAIL  
ORLANDO FL 32825

**Mailing Address**  
675 S ECONLOCKHATCHEE TRAIL  
ORLANDO FL 32825

**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**

30-0082010

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**

**7. Name and Address of New Registered Agent**

A1A CORPORATE SERVICES INC.  
218 SOUTHERN COUNTRY LN  
QUINCY FL 32351

Name  
**Humberto Azpeitia, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**675 S. Econlockhatchee Tr.**  
City **Orlando** FL Zip Code **32825**

**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 *Humberto Azpeitia* **Humberto Azpeitia owner/pres.**

**4-14-03**

(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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **DP** ☐ Delete  
NAME **AZPEITIA, HUMBERTO JR**  
STREET ADDRESS **675 S ECONLOCKHATCHEE TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **DV** ☒ Delete  
NAME **ALONSO, STEVEN**  
STREET ADDRESS **675 S ECONLOCKHATCHEE TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
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CITY-ST-ZIP

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

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 *Humberto Azpeitia* **Humberto Azpeitia, owner/pres.** **4-14-03**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)