

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90187 003 ***150.00

DOCUMENT # P02000073785

1. Entity Name

M&G CLEAN UP & RECOVERY INC.,



Principal Place of Business

**14780 SW 179 ST
MIAMI FL 33187**

Mailing Address

**14780 SW 179 ST
MIAMI FL 33187**

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

01-0728874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, GEORGE A
14780 SW 179 ST
MIAMI FL 33187**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

George A Sanchez
(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 ☐ Delete
NAME **SANCHEZ, GEORGE A**
STREET ADDRESS **14780 SW 179 ST**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Delete
NAME **ACOSTA, MIKE**
STREET ADDRESS **1709 W 59 ST**
CITY-ST-ZIP **HALEAH FL 33012**

TITLE ☒ Delete
NAME *Jorge M Sanchez*
STREET ADDRESS *6795 SW 18 ST*
CITY-ST-ZIP *MIAMI FL 33187*

TITLE ☒ Delete
NAME *Enrique Acosta*
STREET ADDRESS *1784 W 52 PL*
CITY-ST-ZIP *HALEAH FL 33012*

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 *Jorge M Sanchez*
STREET ADDRESS *6795 SW 18 ST*
CITY-ST-ZIP *MIAMI FL 33187*
(treasurer)

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

TITLE ☐ Change ☒ Addition
NAME *Jorge M Sanchez*
STREET ADDRESS *6795 SW 18 ST*
CITY-ST-ZIP *MIAMI FL 33187*
NO

TITLE ☐ Change ☒ Addition
NAME *Enrique Acosta*
STREET ADDRESS *1784 W 52 PL*
CITY-ST-ZIP *HALEAH FL 33012*
NO

TITLE ☐ Change ☐ Addition
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:

George A Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786) 258-4328

CR2E034 (10/02)