


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

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

04-18-2003 90194 035 \*\*\*150.00

<b>DOCUMENT #</b> <u>PO2000089279</u> <b>1. Entity Name</b> <u>Douglas Window Cleaning Inc.</u>	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>3129 W Flagler Street</u> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <u>3129 W Flagler Street</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> <u>miami FL</u>	<b>City &amp; State</b> <u>miami FL</u>	<b>4. FEI Number</b> <u>05-0531515</u>	<table border="1" style="width:100%"> <tr> <td><b>Applied For</b></td> </tr> <tr> <td><b>Not Applicable</b></td> </tr> </table>	<b>Applied For</b>	<b>Not Applicable</b>
<b>Applied For</b>					
<b>Not Applicable</b>					
<b>Zip</b> <u>33135</u>	<b>Country</b> <u>US</u>	<b>Zip</b> <u>33135</u>	<b>Country</b> <u>US</u>		

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<p align="center" style="font-size: 2em;"><b>DO NOT WRITE IN THIS SPACE</b></p>	<b>7. Name and Address of Current Registered Agent</b> <table border="1" style="width:100%"> <tr> <td colspan="2"><b>Name</b> <u>Douglas Benavidez</u></td> </tr> <tr> <td colspan="2"><b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>3129 W Flagler Street</u></td> </tr> <tr> <td><b>City</b> <u>miami</u></td> <td><b>Zip Code</b> <u>FL 33135</u></td> </tr> </table>	<b>Name</b> <u>Douglas Benavidez</u>		<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>3129 W Flagler Street</u>		<b>City</b> <u>miami</u>	<b>Zip Code</b> <u>FL 33135</u>
<b>Name</b> <u>Douglas Benavidez</u>							
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>3129 W Flagler Street</u>							
<b>City</b> <u>miami</u>	<b>Zip Code</b> <u>FL 33135</u>						

**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] **DATE** 3/26/03

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

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	<u>President</u>		
	<u>Douglas Benavidez</u>		
	<u>3129 W Flagler Street</u>		
	<u>miami, FL 33135</u>		

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** [Signature] **DATE** 3/26/03 **Daytime Phone #** (305) 649-0453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)